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Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number of C.M.A. department, see index below.)

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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

EDITORIALS

John W. Cline

THE NEW PRESIDENT-ELECT

The post of President-Elect of the C.M.A., highest elective position decided each year, went this year to Doctor John W. Cline of San Francisco. For the benefit of those members not acquainted with their new President-Elect, a short biographical sketch is in order.

Born in Sonoma County, California, he attended public schools in California and took his A.B. degree at the University of California in 1921. His medical training was at Harvard University, where he obtained his M.D. in 1925. His final year was spent as an intern at the Faulkner Hospital, followed by the 1925-1927 period as house officer at Massachusetts General Hospital, Boston, and two additional years, 1927 to 1929, as a resident surgeon at Bellevue Hospital, New York City.

Doctor Cline established his practice in San Francisco, where he has continued in practice and where he has become an assistant clinical professor of surgery at Stanford University Medical School, assistant visiting surgeon at San Fran-

cisco Hospital and associate surgeon at Children's Hospital. During both his medical schooling and his active practice he has written scientific articles, his earliest dating back to 1925 and his latest appearing this year. At present he has a number of additional papers on surgical subjects in preparation.

Always a student of the economic side of medical practice, he has served as a director and as president of the San Francisco County Medical Society and has been an elected member of the C.M.A. Council since 1940. In the last-named capacity he has served as chairman of the Auditing Committee and chairman of the Executive Committee. Last year he served his first year as a Delegate to the American Medical Association.

Doctor Cline resides in San Francisco, is married and the father of three children.

ANNUAL SESSION HIGHLIGHTS

Elsewhere in this issue are printed the minutes and proceedings of the seventy-fifth annual session of the California Medical Association. They make interesting reading, important to all C.M.A. members.

Summarizing four days packed full of meetings, conferences and sessions is a task too severe for your editor but there are certain achievements which may be highlighted and pointed to with pride.

Among other things, this annual session (1) approved an official C.M.A. reorganization which provides for an expanded central office with officers serving on a part-time basis, (2) reindorsed the principle of advanced dues for the purpose of providing sufficient funds for an adequate public relations program, and (3) adopted a comprehensive report for the betterment of California Physicians' Service.

On the side of official organization, the Council adopted resolutions calling for the employment of an assistant Executive Secretary and several field secretaries. The House of Delegates approved the retirement of Doctor George H. Kress as Secretary-Editor, naming him Honorary Historian and Editor Emeritus after thirty-nine years of devoted service to organized medicine. His former duties in the C.M.A. office will be taken over by Dr. L. Henry Garland of San Francisco, appointed Secretary-Treasurer, and Doctor Dwight L. Wilbur of San Francisco, named Chairman of the Editorial Board and Editor of CALIFORNIA AND WESTERN MEDICINE.

Election of officers for 1946-1947 saw Doctor John W. Cline of San Francisco elevated to the position of President-Elect, succeeding Doctor Sam J. McClendon of San Diego, who was installed as President at the closing session of the House of Delegates. Doctor E. Vincent Askey of Los Angeles was reëlected Speaker of the House of Delegates and Doctor Lewis A. Alesen was reëlected Vice-Speaker.

As Councilors, the House of Delegates reelected Doctor Harry E. Henderson of Santa Barbara for the Third District and Doctor John W. Green of Vallejo for the Ninth District. For the Sixth District, San Francisco County, Doctor Edwin L. Bruck was chosen as Councilor after having resigned as Councilor-at-Large. His place as Councilor-at-Large was taken by Doctor H. Gordon MacLean of Oakland. Others elected in this capacity were Doctor C. V. Thompson of Lodi, succeeding Doctor Dewey R. Powell of Stockton, and Doctor Louis J. Regan of Los Angeles, succeeding Doctor Edward B. Dewey of Pasadena.

For Delegates to the A.M.A., Doctors H. Gordon MacLean, E. Vincent Askey, John W. Cline and Donald Cass were reelected. In addition, Doctor John W. Green was named an A.M.A. Delegate to succeed Doctor Dwight H. Murray, who resigned because of his election last year as a Trustee of the A.M.A.

As Alternates to the A.M.A., Doctors L. H. Fraser of Richmond, C. Kelly Canelo of San Jose and Ralph B. Eusden of Long Beach were reëlected and Doctor William Benbow Thompson of Los Angeles was chosen to succeed Doctor Donald G. Tollefson of Los Angeles. To succeed Doctor John W. Green, elevated to Delegate to the A.M.A., Doctor H. Randall Madeley of Vallejo was selected as Alternate.

Notable throughout the meeting was the air of agreement on the fundamental principle that medicine must lead the way in furnishing the public with the financial means of meeting unpredictable costs. The old arguments on the pros and cons of this question were not evident this year; the only questions were those on the methods to be employed. Scientific advances in medicine have long been taken for granted; now we see the recognition of economic advances.

The House of delegates, acting on the comprehensive report of the Chandler Committee, adopted new and wider avenues for California Physicians' Service to follow. At the same time, this action brought into greater prominence the desirable availability of C.P.S. to a greater segment of the population. The changes adopted, reported in other pages of this issue, indicate the desire of California physicians to devote their efforts to public service. Here at last is the ultimate recognition of the people as the master of medicine. Here is reiteration of the oft-expressed principle that what is good for the people is good for medicine.

WAGNER-MURRAY-DINGELL BILLS

Current comment on the 1946 versions of the Wagner-Murray-Dingell bills seems to indicate that this type of legislation will not be passed by the present session of Congress. The Senate version of the bills, S. 1606, is still in committee, where hearings have been held for the past two months; the House version has been held back, presumably for political reasons but probably because the House of Representatives would demand that such a measure go before its Ways & Means Committee, the one committee which considers all federal fiscal ideas. Let us not forget that all

appropriations must originate in the House of Representatives.

Comes now the Taft Bill, S. 2143, introduced by Senator Taft of Ohio with the blessings of Senators Smith and Ball. This measure proposes that the Federal Government lend its financial support to the forty-eight states, on a matching basis, for the provision of voluntary hospital and medical care insurance for medical indigents. Hearings on this bill will probably be held before Congress adjourns this July; in any event, word comes that witnesses for or against the Wagner-Murray-Dingell bills are to be asked by Senator Murray's committee to be prepared to testify not only on S. 1606 but also on S. 2143.

Even if these two measures are both lost, which now appears likely, the message is clear: Government will provide a system of medical care for the people if medicine does not do so. If Congress does not enact some form of legislation in 1946, it will be asked to do so again in 1947. Eventually there is nothing to look forward to but *some* new law on the books, be it compulsory health insurance or voluntary.

There is no choice between the two. The answer is clear. Only one element remains: Time is short.

YOUR JOURNAL

CALIFORNIA AND WESTERN MEDICINE has lived a long and successful life. It has weathered various changes of Association administration, has outlived several editors who have contributed to its success, and has even gone through changes of name. Now we come to a new fork in the road, a new point of departure from former expectations.

Inherent in the deliberations of the 1946 Annual Sessions of the C.M.A. was the desire to struggle free from former bounds and to achieve, in one leap, the long step to modern times, modern ideas. CALIFORNIA AND WESTERN MEDICINE is prepared to take this step.

Under the editorial supervision of the Chairman of the Editorial Board, and under the productive guidance of the central office staff, your journal proposes to modernize itself, to make such changes as seem desirable. Hope springs eternal and it is hoped that our readers will approve.

In the months to come, don't be surprised to see something new or something different. If a name is changed here, or a section there, we hope it is in the interest of providing our readers with something palatable if not succulent. Throughout this process, the one guiding force will be to furnish California physicians with a journal of which they may be proud, written and prepared in the best traditions of modern medical practice and presented in a form which hopes to be, at one time, interesting, instructive and attractive. Your comments are invited and will go a long way toward determining the ultimate form of your journal. The editors pledge themselves to this end, never forgetting that this is *your* publication.

THE DIAGNOSIS OF TUMORS

Since the turn of the century tumors have been diagnosed at much earlier stages, thus making obsolete most of the diagnostic criteria previously employed, and at the same time necessitating ever changing reorientation as regards our present diagnostic methods. Fortunately, due in no small part to the lay educational program of the American Cancer Society, patients in some localities are coming to their doctors with much smaller and earlier cancers than they did thirty years ago. The signs and symptoms of these smaller cancers are not those commonly described in text-books. The advanced cancer seen at the post-mortem table is not always the picture seen by the patient's family physician and by the surgical pathologist. Progress in the early recognition and detection of cancer is dependent upon the realization that in spite of "danger signals" there are no characteristic signs and symptoms which are pathognomonic of early cancer. A *complete physical examination* and various accessory diagnostic procedures are helpful and important. However, it must be emphasized that the only means of definitely establishing the diagnosis of cancer is by the *histological study* of suitable tissue under the microscope by a competent pathologist who is qualified in the problems of oncology.

In spite of the fact that cancer is being diagnosed earlier, there is still much regrettable and needless delay. With carcinoma of the large bowel, for example, this point is well emphasized in a recent study by Scarborough[1]. Even though the patients (private and clinic) in his series had had symptoms referable to the large bowel for an average of eight months before they received definite treatment, physicians allowed four and one-half months to elapse before establishment of a correct diagnosis. It is still commonplace for a patient with rectal cancer to present himself with the story of having already been examined and treated by from one to four doctors for "hemorrhoids."

Early detection and correct diagnosis of cancer are essential if the cancer problem is to be successfully attacked. A serious bottleneck in the attack is the shortage of competent pathologists. The laudable attempts by the American Cancer Society and other agencies to encourage the establishment of cancer clinics are greatly handicapped by this shortage. There is real danger that as a result of this shortage inadequately trained pathologists or other medical men will be entrusted with that most important of responsibilities,—the making of tissue diagnoses. The medical profession at large often fails to remember that the pathologist is a physician, practicing diagnostic medicine, and frequently the most important cog in the final diagnosis of tumors. This indifference, plus the fact that hospitals tend to "hire" pathologists on salaries contributes in no small part to the unsatisfactory shortage of competent tissue pathologists. There is at present little inducement for any capable physician to take up pathology, even as a temporary occupation; if

surgeons faced a similar salaried status in private hospitals, there would be a similar shortage of these specialists. To reiterate, the diagnosis of cancer often requires skill not only on the part of the pathologist but also on that of the tissue technicians whose responsibility it is to prepare the slides from which the diagnoses are made. Too often, histological sections are so poor they do not permit of a diagnosis. Insistence on the histological evaluation of the growth capacities and estimated radio-sensitivity of tumors, and the correlation of tumor structure with the clinical picture, has added another burden to the untrained pathologist. If he cannot differentiate between an endometrial hyperplasia and a corpus carcinoma how can he evaluate the lesion? Competent pathologists are not made to order in a few months.

If the benefits of popular education are to redound to the direct advantage of the patient, prompt and accurate diagnosis is necessary. Often this necessitates a biopsy. Careful clinical and experimental studies have shown that there is less hazard to a biopsy properly performed with a clean incision, than there is to repeated palpation.

Since tissue examination may be the most important single procedure in the establishment of a diagnosis of cancer, there are a number of working rules which should be followed. Prebiopsy x-ray irradiation and cauterization is usually inadvisable. Radical, mutilating operations should never be done for cancer without tissue diagnosis. In the diagnosis of Hodgkin's disease and other lympomatoid dyscrasias it is especially desirable that biopsy be performed prior to therapy. Otherwise, one may not be certain of the diagnosis, and the ultimate results of therapy may be difficult to judge. A fair-sized node should be removed, since the small "satellite" nodes near the periphery not infrequently show merely non-specific inflammatory changes, making it necessary to subject the patient to the inconvenience of a second biopsy procedure. For purposes of biopsy it is preferable to secure non-irradiated lymph nodes. Lymph nodes should be sectioned and immediately preserved in proper fixative. The histological features of Hodgkin's disease cannot be identified in poorly prepared tissue.

Adjuncts in the diagnosis of cancer cover a multitude of useful procedures. Not infrequently, the diagnosis of tumor can be made by the examination of centrifuged sediment of body fluids and secretions. Punch and aspiration biopsy can be judiciously used in selected cases. Certain biologic tests, such as the Friedman and Ascheim-Zondek tests, on blood and urine may reveal the presence of hormone secreting tumors,—such as choriomas, malignant testicular tumors and granulosa cell tumors of the ovary. Phosphtase determinations (alkaline and acid) in cases with bone lesions may give valuable information in revealing or excluding metastatic carcinoma of the prostate.

Under suitable circumstances a biopsy can be safely done, and is usually essential for diagnosis. Its value far outweighs the danger to the patient. Its importance in directing the indication for and scope of surgery and irradiation is being more and more recognized by the medical profession. Its usefulness in the early detection and control of cancer will be tremendously expanded by your encouraging and development of and the support of trained pathologists.

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EDITORIAL COMMENT†

"BLOCKING" ANTIBODIES

In 1921 Coca[1] of Cornell University reported that at times an immune serum prepared by repeated injection of one strain of B. influenzae into rabbits would agglutinate several others strains of the influenza bacillus but was inactive against the specific strain used for immunization. Tests showed that this negative reaction was due to the dominance in the immune serum of a specific inhibitory factor. This factor was found to be relatively unstable, and to disappear almost quantitatively by the end of 50 days storage with full release of its previously inhibited agglutinating function.

A somewhat similar observation was made at a later date, by Yanagihashi[2] of the Tohoku Imperial University, Japan. The Japanese investigator found that when rabbits are immunized by repeated injections with Forssman antigen or with alien red blood cells the production of serum hemolysins rises to a maximum by the end of about three weeks and then invariably falls. In extreme cases the terminal hemolytic titer is but one-hundredth of the fourth week maximum titer. He found that immune serums whose initial hemolytic titers had thus dropped were capable of strongly inhibiting the hemolytic action of other hemolytic antiserums.

To account for this phenomenon, Yanagihashi assumed that following injection of Forssman antigen or alien red blood cells the fixed cells of the injected animal liberate a specific hemolytic amboceptor. As soon as this amboceptor reaches a sufficiently high titer it functions as an alien colloid, giving rise to a secondary wave of specific antibodies or specific anti-amboceptors. On prolonged immunization the secondary anti-amboceptor became dominant, thus preventing hemolytic action. His studies of the thermostability and specific absorption of the inhibiting factor seemed to confirm this theory.

Tanagihashi's work was of theoretic interest at the time, since it offered a plausible explanation for a number of paradoxical phenomena reported by earlier investigators, and also offered a plau-

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

sible explanation for the "prozone phenomenon" with specific agglutinating serum. His theory, however, has recently become of practical clinical interest, on account of its bearing on certain diagnostic paradoxes and on toxicities resulting from transfusion from Rh-positive donors.

It was noted by Wiener[3], Levine[4] and others that there are many Rh-negative patients who are strongly sensitive to the Rh-positive corpuscles, yet whose serum does not contain demonstrable Rh-agglutinins. These non-agglutinating serums often contain a large amounts of anti-agglutinin or inhibiting factor, capable of "blocking" or otherwise preventing agglutination of Rh-positive corpuscles[5]. It was found that while the serum of certain patients contained demonstrable Rh agglutinins six days after delivery of an erythroblastic infant, their serums often became negative three weeks later. At this time the serum may have contained dominant amounts of "blocking" or inhibiting antibody. A rapid slide test for the titration of this "blocking" factor was afterwards developed by Diamond[6] and his associates of Harvard University and modified as a test tube reaction by Wiener[7] of the Jewish Hospital of Brooklyn, and by Levine[5] of the Ortho Research Foundation, Linden, N. J.

Numerous theories have been proposed to account for the nature of these "blocking" antibodies. Among them are the assumption that they are incomplete, immature or degenerated Rh agglutinins. To form a factual basis for the development of a future theory, Witebsky[8] and his associates of the University of Buffalo, developed a simple method for the concentration of separation of Rh agglutinins and anti-agglutinins. Native serum was dialyzed at 40°C for 24 to 30 hours in a cellophane bag against several changes of distilled water. The resulting precipitate was freed from the supernatent by centrifugation, and then dissolved in one-tenth of the original serum volume of saline solution. It was found that the resulting globulin solution contained the major portion of the Rh agglutinin. The "blocking" antibody remained almost quantitatively in the supernatent fluid, which contained the albumin fraction of the original serum. Witebsky presents this new technique as a simple method for the producing of potent Rh-diagnostic serum from native Rh-anti-serums of such low titer as to be of no practical clinical value.

A plausible explanation for his data would be the assumption that in response to the presence of Rh-positive corpuscles in a Rh-negative individual, two specific antibodies are formed. One of these, the primary antibody, would be an agglutinating globulin. The other (or secondary) antibody would be a non-agglutinating albumin. Both antibodies would have a specific affinity for Rh-positive corpuscles. Union of the non-agglutinating albumin with Rh-corpuscles might "block" subsequent union with the active agglutinin. Other explanations are of course possible.

That multiple antibodies may be formed against certain "polyhaptenic" antigens is now well recognized by immunologic theorists[9]. Certain "univalent" antibodies are known to be nonagglutinating and nonprecipitating in routine in vitro tests[10]. Whether or not there is a similar dual or multiple antibody formed in response to injection of other blood types has not yet been determined. The bearing of this work on general allergic theory also has not yet been determined.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

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Pfeiffer's Disease.—Emil Pfeiffer was born in Wiesbaden; here, too, he lived and died. His medical studies took him to Bonn, Würzburg, and Berlin, where he graduated in 1869. After settling in Wiesbaden, he became instrumental in its development as a health resort. As a matter of fact, he was one of the outstanding German spa doctors and published many works on the theme of metabolic illnesses. His name survives in the eponym for glandular fever, "Pfeiffer's Disease."—Warner's *Calendar of Medical History.*

William Blake (1757-1827).—The forebodings and illusions with which William Blake was troubled present an interesting study in neuropsychiatry. His art and writings transmit, by their very strangeness, the visionary aura which he claimed to possess. Ill health, poverty and neglect were his lot. Yet this creative poet-painter held imaginary discourses with such as Swedenborg, Milton and Dante; biblical personalities posed for him, he witnessed the funerals of fairies—and was happy in his world of substitute reality.—Warner's *Calendar of Medical History.*

Friedrich W. Nietzsche (1844-1900).—Always an invalid, Nietzsche's mental abnormalities and final madness can probably be ascribed to an overactive brain abused by overwork and narcotics. The gradual transitional changes in his mental state are traceable in his writings. What apparently was his first attack of violent mental derangement occurred at Turin. He fell down at the gate of his house, powerless to rise unaided. After a lethargic spell, he spoke and sang noisily, and paid for trifles with large sums of money.—Warner's *Calendar of Medical History.*

ORIGINAL ARTICLES

Scientific and General

ELECTROCARDIOGRAPHIC ABNORMALITIES IN 6,000 CASES OF RHEUMATIC FEVER*

LT. COMDR. MILTON B. FILBERBAUM (MC), U.S.N.R.
LT. COMDR. GEORGE C. GRIFFITH (MC), U.S.N.R.
COMDR. ROBERT F. SOLLEY (MC), U.S.N.R.
AND
CAPT. WILLIAM H. LEAKE (MC), U.S.N.R.
Los Angeles

THE segregation of a large number of patients with rheumatic fever in a Naval Hospital afforded an unusual opportunity to observe the electrocardiographic abnormalities associated with this disease. Studies of this nature have frequently appeared in the literature.[1,2,3,4] However, it is our belief that no similar large number of patients with this disease has been studied over so short a period of time. A further point of interest in the present study is the fact that all our patients were young adults, whereas previous studies included a large preponderance of children.

MATERIAL

Over a period of approximately one and one-half years, from the latter part of 1943 to the early months of 1945, 6,000 patients with rheumatic fever were observed at this activity. All but a negligible proportion were males, ranging in age from seventeen to the middle forties. The overwhelming majority of the patients were between the ages of seventeen and twenty-five. When first observed by us they were in various stages of rheumatic activity. Relatively few were seen in the first weeks of their disease and many were not seen for several months after the inception of their illness. This probably accounts for the low incidence of electrocardiographic abnormalities observed by us as compared with those reported in the studies previously cited. The degree of activity of the rheumatic process ranged from the acute fulminating to the almost completely quiescent. As soon as possible after receipt at this activity, usually within the first twenty-four to forty-eight hours an electrocardiogram was taken on each patient. Subsequent tracings were taken as indicated, in accordance with the degree of activity of the disease, the presence of previous electrocardiographic abnormalities and the suspicion of renewed rheumatic activity. The total number of electrocardiograms thus obtained in this group of patients was 9,634. The criteria of the American Heart Association for the interpretation of electrocardiograms were fairly uniformly observed. Those interpreted as indicating deviations from the normal were reëxamined and reevaluated before inclusion in the present study. Of the total thus reviewed 898 patients were found to have changes which warranted inclusion in the present summary. Any references to the clinical findings in these patients are of a most general nature. It is hoped that a more specific correlation of the individual types of abnormality with the clinical findings may be undertaken at a future date.

DISTURBANCES OF RHYTHM

Sinus tachycardia, sinus bradycardia and sinus arrhythmia, while frequently observed, were not considered of sufficient significance to be included in the present study. The accompanying table (Table 1) lists the disturbances of rhythm found in the group under consideration. It is noted that the total incidence of premature beats was no greater than that observed by Graybiel, McFarland, Gates and Webster,[5] in a group of normal aviators in the same age group. However, these observers noted no instances of auriculo-ventricular nodal premature contractions. The occurrence of this abnormality in 18 of our patients appears therefore to be of some significance.

Auricular tachycardia, auriculo-ventricular nodal tachycardia and auricular fibrillation all of the paroxysmal type have previously been noted in the presence of acute rheumatic fever.[1] These abnormalities were observed in 7 of our patients.

The interesting type of arrhythmia known as interference dissociation, or parasystole was observed in four instances in our present series (Figures 1 and 2). Since completion of this study several additional instances of this type of abnormality have been observed. The occurrence of this type of arrhythmia, of A-V nodal premature contractions, nodal rhythm, nodal tachycardia and ventricular escape to the extent observed by us appears to indicate a heightened irritability of the auriculo-ventricular node in some cases of rheumatic fever. It will be noted that in lead 3 of Figure 1 nodal tachycardia supervened, further stressing this impression.

TABLE 1.—*Arrhythmias*

	Patients
1. Sinus Arrest	2
2. Auricular Premature Systole	18
3. Auricular Tachycardia	1
4. Auricular Fibrillation	4
5. Wandering Pace Maker	10
6. A-V Nodal Premature Systole	18
7. A-V Nodal Rhythm	1
8. A-V Nodal Tachycardia	2
9. Ventricular Escape	4
10. Retrograde Auricular Contractions	6
11. Ventricular Premature Systole	49
12. Parasystole	4

Another interesting arrhythmia encountered in six in-

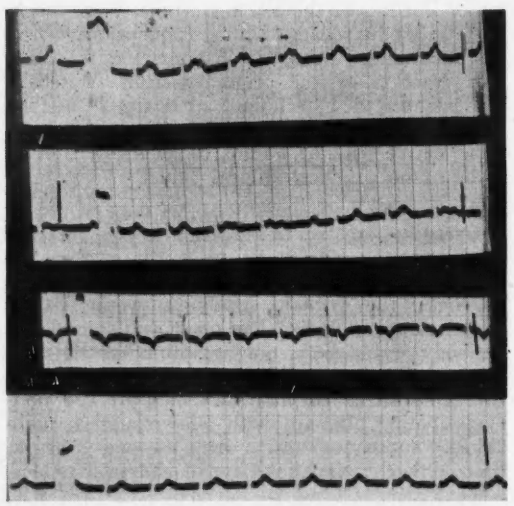

Fig. 1.—Parasystole. Nodal Tachycardia in Lead III.

* This article has been released for publication by the Division of Publications of the Bureau of Medicine and Surgery of the U. S. Navy. The opinions and views set forth in this article are those of the writers and are not to be considered as reflecting the policies of the Navy Department, or the military service at large.

From the Rheumatic Fever Unit, U. S. Naval Hospital, Corona, Calif. Research Project X-513g.

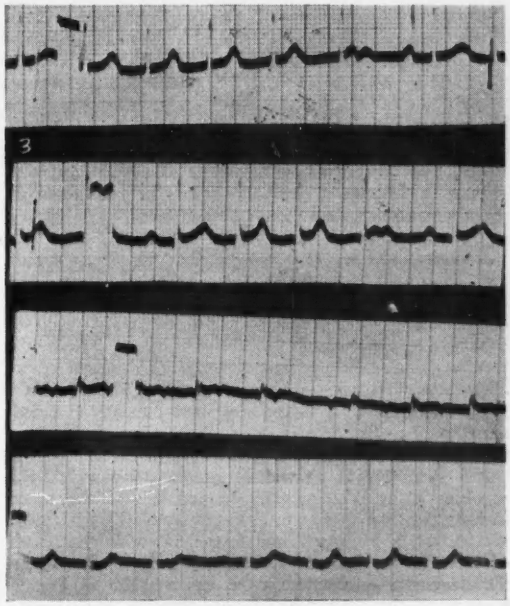

Fig. 2.—Parasystole.

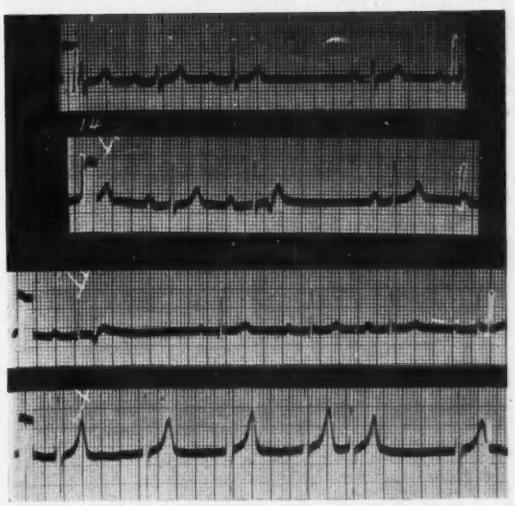

Fig. 3.—Retrograde P Waves. Followed by Dropped Beats.

stances is shown in Figures 3 and 4. This is characterized by the appearance of retrograde P waves following the usual P and QRS complexes. These retrograde P waves evidently occur at a time when the ventricle is refractory and therefore no ventricular contraction is noted to follow. This type of abnormality usually occurred in the presence of a prolonged PR interval. The occurrence of this type of disturbance may also point to increased irritability of the A-V node, with the impulse traveling in both directions after reaching the node. The auricle alone responds since the previous delay in auriculoventricular conduction has permitted the auricle to again become responsive to stimulation.

P WAVES

Changes observed in the P waves are summarized in Table 2. Only gross abnormalities were included in the

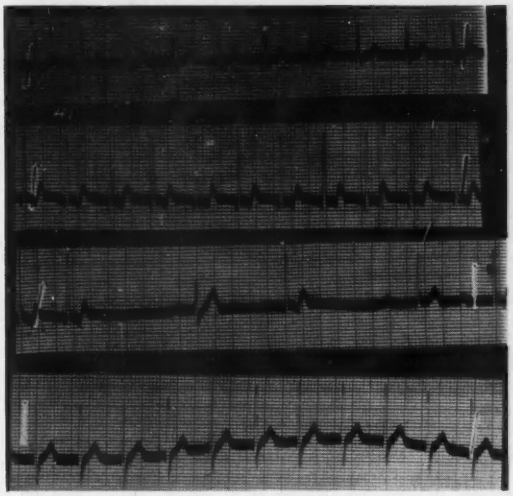

Fig. 4.—Nodal Tachycardia. Lead III shows return to basis sinus rhythm with prolonged P-R Interval, retrograde auricular contractions and dropped beats. Reversion to nodal tachycardia in Lead IV.

study. Frequent marked changes in the P waves were observed in this group in successive tracings. Inversion of the P waves in leads I and II is probably a result of a shift of the site of the pacemaker in and away from the sinoauricular node. At the termination of rheumatic activity, these inverted P waves almost invariably became

TABLE 2.—*P-Wave Changes*

98 Patients (1.63%)

Leads	High	Notched	Inverted
I	3	11	9
II	18	28	18
III	..	10	20
IV	..	12	..

upright. Significant notching or inversion of the P waves, particularly in leads I and II, and especially when associated with changes in serial tracings appears to be definite evidence of rheumatic cardiac involvement. One interesting type of P wave change observed in several instances was a progressive shift in the P waves from the upright to the inverted position in one or more leads, indicating a marked progressive shift of the pacemaker.

P-R INTERVAL

The P-R interval was determined to the nearest .02 second. Prolongation of the P-R interval has long been recognized as one of the commonest abnormalities found in rheumatic fever. As noted in Table 3, 325 patients (5.01 per cent) demonstrated this finding. Only the highest P-R interval observed in any one patient was included in the table. The vast majority of all patients in this group showed P-R intervals of .22 to .26 seconds.

TABLE 3.—*Conduction Disturbances*

	Patients
Prolonged PR-Interval	
325 Patients (5.01%)	
1. Group with .22 to .26 sec. PR-Interval	257
2. Group with .28 to .32 sec. PR-Interval	48
3. Group with .34 to .42 sec. PR-Interval	20
4. Premature P-Waves without Ventricular Response	8
5. Wenckebach Phenomenon	4
6. Complete AV-Block	1
Other Conduction Disturbances	
1. QRS-Interval Prolonged	7
2. Left Bundle Branch Block	2
3. Right Bundle Branch Block	4
4. Wolff-Parkinson-White Syndrome	4

However, very prolonged conduction times were observed in a significant number of individuals. In successive tracings on individual patients the P-R interval varied upward and downward and often within wide limits. In most instances the P-R interval returned to normal with the cessation of rheumatic activity. However, in many cases prolonged and even markedly prolonged P-R intervals persisted throughout long periods of observation, and even after clinical and laboratory evidence of disease activity had long since disappeared. It is possible that fibrotic changes occur in the conduction system in some patients resulting in a permanent delay in A-V conduction. It certainly seems evident that mere prolongation of the P-R interval, however great, cannot be interpreted as evidence of rheumatic activity. It was at first assumed that a changing P-R interval in successive tracings was indicative of an active process in the heart. However, moderate and even marked changes in the P-R interval were noted in some instances where quiescence of rheumatic activity seemed unquestioned. Further, several patients with normal hearts and no history of recent or old rheumatic activity have been observed by us to show marked prolongation of the P-R interval with marked changes in successive tracings. It is possible that vagal influences may be responsible for these variations in A-V conduction. Recent work by Gubner, Szucs and Ungerleider[6] appears to demonstrate that vagal influences are more marked in the presence of active rheumatic fever. These investigators have shown that a large preponderance of their patients with active disease and borderline A-V conduction showed an increase in the P-R interval following the administration of prostigmine and pressure on the left carotid sinus. It is possible that the use of this latter procedure may serve as a diagnostic measure for the differentiation of the active from the inactive cases in the group with persistent prolongation of the P-R interval. However, the frequent spontaneous changes in A-V conduction noted in our patients in this group might tend to somewhat diminish the value of this procedure. We have as yet had no opportunity to investigate this problem. It seems likely, however, that the decision as to the continuance of rheumatic activity cannot be predicated upon the observation of prolonged or changing P-R interval alone. An interesting variation of the delay in A-V conduction is the progressive prolongation of the P-R interval with eventual dropped beats (Wenckebach phenomenon). This was observed in four of our patients. One such instance is illustrated in Figure 5. Complete heart block was noted in only one patient and seems to be of relatively uncommon occurrence.

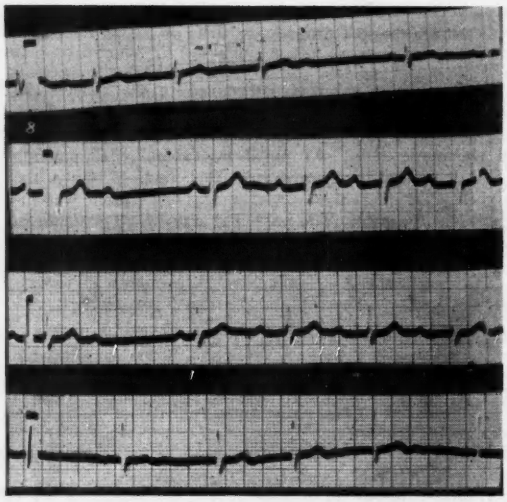

Fig. 5.—Progressive Prolongation of P-R Interval with Dropped Beats (Wenckebach Phenomenon).

OTHER CONDUCTION DISTURBANCES

Widening of the QRS complex was noted in 7 patients. This is well within the limits of normal for individuals in this age group[5] and cannot be considered of great significance. Left bundle branch block was observed in two patients and right bundle branch block in four patients (Figure 6). It is possible that the occurrence of this abnormality was purely coincidental. However, it is also possible that involvement of one or the other branch of the bundle by the rheumatic process might result in this type of abnormality. In all instances observed by us, bundle branch block persisted throughout the period of observation and long after all evidence of rheumatic activity had ceased. It is therefore not possible to determine whether the occurrence of bundle branch block in these patients was due to rheumatic involvement.

The syndrome of short P-R interval with wide QRS as observed by Wolff, Parkinson and White[7] was noted in four patients in the group under study. Two of these are shown in Figures 7 and 8. Several additional cases of this type were noted since termination of this study. This interesting abnormality is believed to be due to passage of the conduction impulse through a congenital aberrant conduction bundle between one auricle and ventricle. Its occurrence in rheumatic fever may be purely coincidental. However, recent investigations suggest grounds for speculation as to its specific importance when observed in rheumatic fever patients. It has been shown that digitalis and cholinergic drugs, due to their depressant action on the A-V node have the ability to produce this abnormality in individuals who have this type of congenital bundle.[8] In such cases the aberrant bundle, being unaffected or less affected by these drugs continues to function and reproduces the abnormal pattern. This

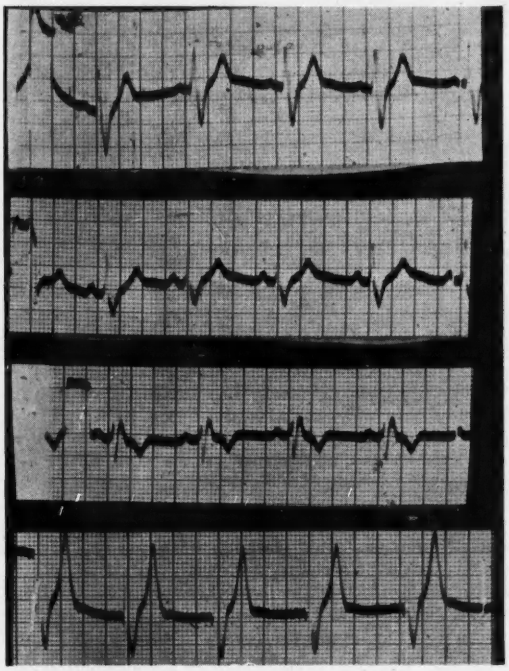

Fig. 6.—Right Bundle Branch Block.

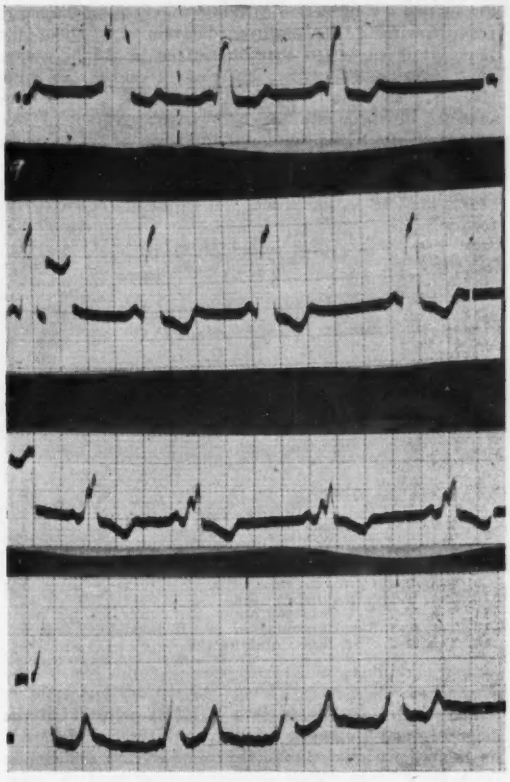

Fig. 7.—Short P-R with Wide QRS Complex.

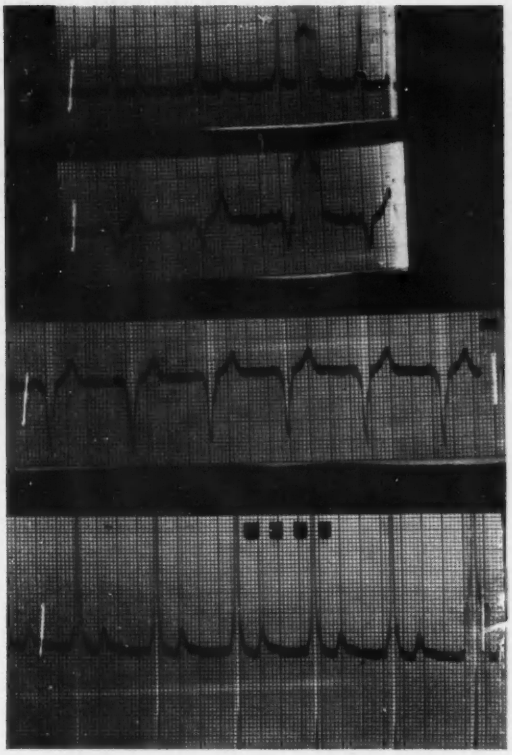

Fig. 8.—Short P-R with Wide QRS Complex.

suggests the possibility that rheumatic fever through its ability to interfere with conduction through the normal pathway may be capable of producing this type of abnormality in individuals in whose hearts such an aberrant conduction bundle exists. This supposition is in part supported by observation of one patient whose electrocardiographic pattern showed a tendency to shift from the normal to the abnormal type at various stages of rheumatic activity. This possibility is under further investigation.

THE ELECTRICAL AXIS

Deviation of the electrical axis to the left was noted in 318 patients and right axis deviation in 85 patients. Since this is within the limits of normal for individuals in this age group, no particular significance can be attached to this type of change. Variations in the electrical axis in subsequent tracings were rarely noted and never marked.

QRS COMPLEX

Other changes in the QRS complex are listed in Table IV. Only gross changes of the types enumerated were believed to be sufficiently significant to warrant inclusion in the table. They were found to occur in an insignificant proportion of the total studied. The presence of a deep Q wave in lead III as observed by Pardee[9] was noted in eight instances. Low voltage of QRS was observed in fourteen cases and is probably of some significance in patients in this age group. Slurring, notching and splintering of the QRS complex to a significant degree were of relatively infrequent occurrence.

ST JUNCTION

Abnormal displacement of the ST junction has been observed to be one of the commonest findings in acute rheumatic fever.[4] This is particularly true in the presence of acute pericarditis when the ST junction may be elevated in all leads with gradual return to the isoelectric line in conjunction with gradual inversion of the T waves.[10] In our series, abnormal displacement of the ST junction was noted in 74 patients (1.23 per cent) as listed in Table 5. In rare instances was the succession of changes noted by Bellet and McMillan[10] observed, although many instances of clinical acute pericarditis occurred among our patients. On the contrary in almost all of our patients in this group the deviation of the ST junction showed a tendency to constant displacement and rarely returned to normal. Since displacement of the ST junction has been shown to occur in at least as high a proportion of normal young adults as in those observed by us, the significance of this finding in the absence of other abnormalities seems doubtful. A fixed deviation of the ST junction, in the absence of T wave changes or other abnormalities does not appear to be of particular significance, at least in the present study. Other electrocardiographic changes associated with abnormalities of the ST junction are also noted in the table. In these patients at least, it seems likely that the associated changes are more significant than the deviations of the ST junction.

TABLE 4.—*QRS-Changes*

	Patients
1. Left Axis Deviation	318
2. Right Axis Deviation	85
3. QRS Low Voltage	14
4. Q-1 Deep	1
5. Q-2 Deep	2
6. Q-3 Deep	8
7. R-4 Absent	1
8. QRS Slurred, Notched, Splintered	11

TABLE 5.—*ST-Junction Abnormalities*

74 Patients (1.23%)

Lead	Elevated	Depressed
I	14	3
II	48	5
III	23	6
IV	13	2
ST Changes with Prolonged PR-Interval		24
ST Changes with Prolonged PR-Interval and Abnormal T Waves		5
ST Changes with Abnormal T Waves		23

T WAVES

The presence of T wave abnormalities has been noted in from 3 to 40 per cent of all patients with rheumatic fever.[4] Pardee[8] states that if frequent serial tracings are recorded during the acute phase of rheumatic activity, as many as 60 per cent of all cases will be found to show inversion or some other abnormality of the T wave. Of our patients 125 (2.08 per cent) showed the T wave abnormalities listed in Table VI. Changes in T_3 alone when not associated with T wave abnormalities in other leads, were not considered significant and were not included in the table. It was believed to be of some value and interest to note the correlation of T wave changes in the various leads as listed in Table VII. Examples of some of the changes observed are seen in Figures 9, 10, 11, 12 and 13. Successive tracings on individual patients showed variations in this pattern and all these are included in the table. It is noted that changes in T_4 alone were most common, changes in T_2 and T_3 next in order of frequency and T wave changes in all four leads next in order of incidence. It has been previously observed that the succession of changes noted by Bellet and McMillan in cases of acute pericarditis were rarely observed among our patients. While the T wave abnormalities changed in successive tracings they did not necessarily revert to normal even upon complete subsidence of the acute rheumatic infection. Curiously, relatively few of those with persistent T wave abnormalities displayed any evidence of clinical heart disease. For example the patient from whom the tracing in Figure 13 was obtained was entirely quiescent by all clinical and laboratory criteria. Physical examination of the heart was entirely normal. However, he continued to display the same abnormality with but slight variation throughout a long period of observation. Upon discharge from treatment the electrocardiogram was about the same. It is suggested that alterations in the T waves, while evidence of cardiac involvement during the acute phase of rheumatic fever, cannot be used to estimate continuance of rheumatic activity. The observation of isolated and often long continued inversion of T_4 suggests the possibility that the finding of this type of abnormality in apparently healthy individuals with normal hearts may be an indication of antecedent rheumatic infection.

TABLE 6.—*T-Wave Changes*
125 Patients (2.08%)—268 Tracings

Lead	Low	Diphasic	Inverted
I	47	18	15
II	38	36	36
III	21	14	56
IV	26	37	52

TABLE 7.—*Association of T-Wave Abnormalities*

	Tracings
1. T-1 Alone	10
2. T-2 Alone	79
3. T-4 Alone	79
4. T-1, T-2 Combination	9
5. T-1, T-3 Combination	1
6. T-1, T-4 Combination	17
7. T-2, T-3 Combination	64
8. T-2, T-4 Combination	5
9. T-3, T-4 Combination	1
10. T-1, T-2, T-3 Combination	13
11. T-2, T-3, T-4 Combination	8
12. T-1, T-2, T-4 Combination	5
13. T-1, T-2, T-3, T-4 Combination	45

DISCUSSION

The electrocardiogram is a valuable adjunct in the diagnosis and treatment of rheumatic fever. However, its limitations are indicated by some of the findings in the present study. While prolongation of the P-R interval is a very significant observation in the diagnosis of rheumatic fever in suspected cases, as an isolated finding its significance is in doubt. Furthermore, as a guide to activity of the rheumatic process, its value is also

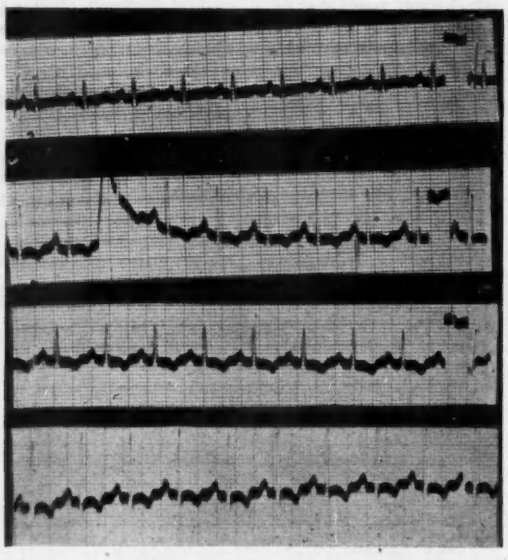

Fig. 9.—Inversion of T_2, T_3 and T_4.

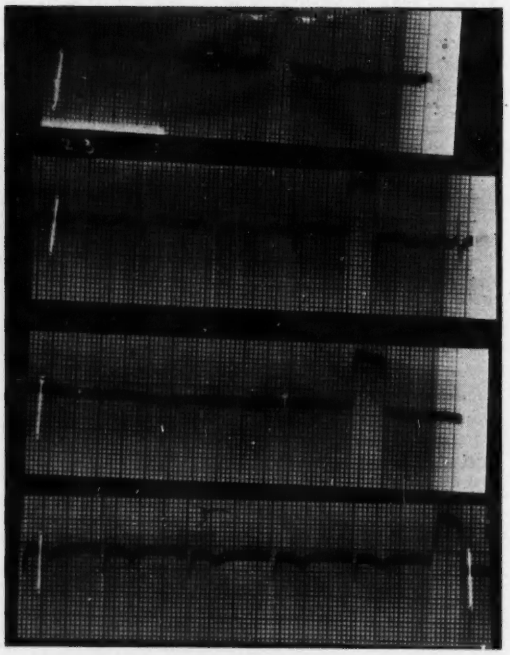

Fig. 10.—Diphastic T_2, T_4 Inverted.

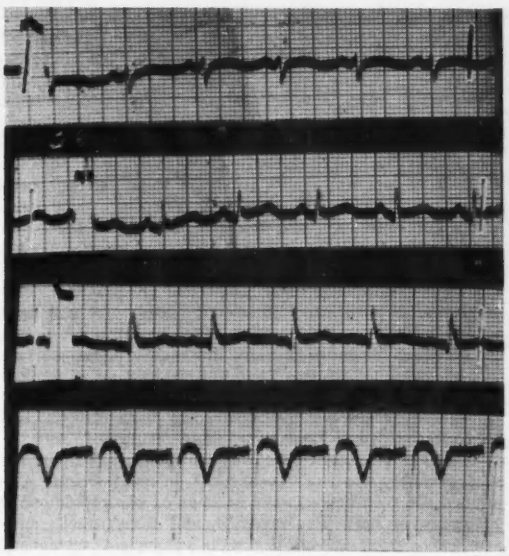

Fig. 11.—Absent R_4, T_4 Deeply Inverted.

limited and requires interpretation in the light of other findings and the overall clinical picture. T wave abnormalities are probably of greater diagnostic importance. Particularly in the age group under consideration, in whom arteriosclerotic disease of the coronary arteries is relatively infrequent, T wave changes may be of great significance. A possible explanation for the T wave abnormalities observed in rheumatic fever is supplied by the frequency with which changes in the coronary arteries have been noted in those of our patients who died during the course of rheumatic fever. In every such case studied at autopsy, coronary angitiis was an outstanding pathological finding. Two patients died of thrombosis of major coronary vessels previously damaged by rheumatic arteritis. The almost universal involvement of the coronary vessels in rheumatic fever certainly provides ample explanation for the T wave changes which are so reminiscent of those noted in other forms of coronary artery disease. Damage to more than one part of the coronary circulation seems indicated by the changes observed.

From the standpoint of determination of rheumatic activity, however, the importance of T wave alterations must be evaluated in conjunction with other clinical and laboratory findings. All other electrocardiographic changes observed are in no way peculiar to rheumatic fever, and should be evaluated with this in view.

SUMMARY

1. The electrocardiographic abnormalities observed in 6,000 cases of rheumatic fever are noted.

2. The significance of certain arrhythmias is indicated. It is suggested that heightened nodal irritability exists in certain cases of rheumatic fever.

3. The significance of alterations in the P waves, particularly when changing is observed.

4. The limitation of the diagnostic and prognostic importance of prolongation of the P-R interval is noted. Both prolonged and changing P-R intervals were observed in apparently inactive rheumatic fever patients.

5. The possible rheumatic etiology of certain instances of bundle branch block and the syndrome of short P-R interval with wide QRS complex in certain instances is observed.

6. Deviation of the ST junction, when fixed and un-

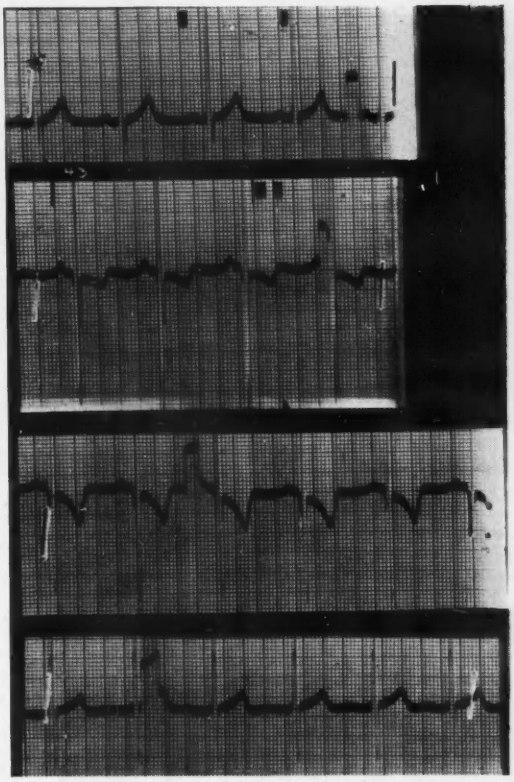

Fig. 12—ST_2 and ST_3 Depressed, T_2 and T_3 Inverted.

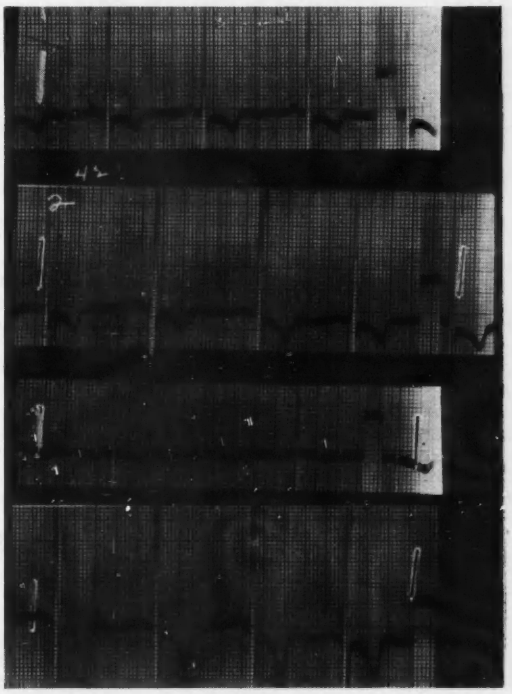

Fig. 13.—ST_1, ST_2 and ST_4 Depressed. T Inverted in All Leads.

associated with other abnormalities was not observed to a greater degree than in normal individuals. It is believed to be without significance.

7. Frequent changes in T waves were observed in this group. The limitation of the value of T wave changes in the estimation of rheumatic activity is noted. An explanation for these changes based on changes in the coronary circulation is suggested.

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TULAREMIC PNEUMONIA*

REPORT OF A FATAL CASE

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TULAREMIA (deer fly fever) is an infectious disease caused by Bacterium tularense (Pasteurella tularensis), occurring in humans and over twenty kinds of wild life, especially in wild rabbits and hares. It was first discovered by McCoy[1] in 1910. The original investigative work was conducted in Tulare County, California, hence the name tularemia.

Man becomes infected by contact of his unprotected, even apparently unbroken skin or mucus membranes, with raw tissue of infected animals, and by bites of blood sucking ticks and flies which have fed on infected animals.[2] Mosquitoes have been reported capable of transmitting the disease to man.[3] Whether or not humans may contract the disease via the respiratory tract is an unsettled question, the proponents and opponents both having evidence worthy of being weighed.[4]

Tularemia has been considered to be almost exclusively of the following four types: 1. Ulceroglandular; 2. Oculoglandular; 3. Glandular; and 4. Typhoidal, or cryptogenic.

While the pulmonary form has been known it, until recently, was considered to be exceedingly rare.

TULAREMIC PNEUMONIA

The marked increase in the number of cases of tularemic pneumonia being reported in the last several years indicates among other things the systemic nature of tularemic infections. Blackford and Casey,[5] in 1941, were able to find but 150 reported cases of tularemic pneumonia in the American literature. Stuart and Pullen,[4] in August, 1945, increased this figure to 268. This figure includes cases which seem almost purely pneumonia and those which have pneumonia as part of a more systemic or generalized tularemia. They found tularemic pneumonia in 9.3 per cent of a series of 225 cases of tularemia. The cases of relatively pure pneumonia may be difficult to separate accurately from those having pneumonia as a part of a cryptogenic tularemia. The relatively pure cases of tularemic pneumonia still are to be considered rare. It is felt that the case being reported is such a case. This article with a case report is submitted for various reasons: tularemic pneumonia is still somewhat of a curiosity; tularemic pneumonias still have a high mortality; streptomycin gives encouraging promise of being the most effective therapeutic agent yet employed; and, unless this condition is kept in mind and included in the differential diagnosis in pneumonic conditions, these cases will be incorrectly diagnosed and incorrectly treated, a fatal issue likely resulting.

The first published report of pleuropulmonary tularemia was probably that of Verbrycke[6] in 1924. Sante[7] described the roentgenographic findings of pleuropulmonary tularemia in 1931. The non-typhoidal cases usually present early hilar adenopathy with subsequent retrograde extension of the involvement through lymphatic channels to the lung parenchyma or even the pleura. The typhoidal cases usually present primary involvement of the lung parenchyma. Lung abscess, pneumothorax, pleural effusion, and residual fibrosis have been reported.

PATHOLOGY

Gross and microscopic features were described in detail by Blackford and Casey.[5] The most frequent finding is a lobular pneumonia involving any or all lobes. Both red and gray hepatization are frequently found.

DIAGNOSIS

Moss and Weilbaecher,[8] in 1941, reviewed the recent advances in the diagnosis of tularemia.

An occupational history may expose a clue to the diagnosis. A history of the patient's having been exposed to ticks, deer flies, or having been on a hunting or camping trip may be illuminating.

The symptoms vary greatly in severity. Frequently they are so mild that, without the chest film pneumonia would not be recognized. Especially in those cases seeming to develop as a primary pneumonia, suggesting that the organisms may have been inhaled, the onset may be sudden and the course fulminating. Cough, fever, chill, diaphoresis, pleurisy, sputum, dyspnea, and prostration are common. Cyanosis, delirium, stupor, and coma may develop in severe cases.

The fever is usually irregular and spiking, the pulse relatively slow.

In general, the physical findings are usually those to be expected in atypical pneumonia, but occasionally may be those of lobar pneumonia. The physical findings may be normal, while the chest film discloses the presence of pneumonia.

Special Studies.—The x-ray findings were described above. Sputum studies have, at times, yielded the organism. Blood cultures, though not frequently fruitful, should be taken. Agglutination tests, especially if there is a rising titre, are more valuable but cannot be relied upon until the second week of the illness. In some cases, more especially the fulminating ones, the test may be delayed or fail to develop.

Animal inoculation with properly collected material from the lung, lymph nodes, blood and sputum gives a high percentage of accurate results. Tissues from the spleen, liver, lymph nodes, and lung taken at the time of autopsy may be injected into susceptible animals for diagnostic purposes.

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Other laboratory studies contribute little to the diagnosis.

COURSE

Tularemic pneumonia may be mild or severe, insidious or fulminating. It is at best alarming and if bilateral has a grave prognosis. Stuart and Pullen[4] report a mortality of 40 per cent in a series of 268 cases. The condition may last from a few days to several weeks. Complications should be diligently sought in cases lasting three or more weeks.

TREATMENT

Foshay[9] is of the opinion that specific immune serum, administered early, reduces the severity and duration of the disease.

Sulfonamides have been administered with doubtfully favorable results.

Penicillin seems equally ineffective.

Streptomycin is reported by Heilman[10] to hold encouraging promise of being an effective therapeutic agent.

Unless streptomycin proves to be an effective agent, the treatment of uncomplicated tularemia seems still largely limited to symptomatic and supportive care.

REPORT OF CASE

(W. B. McG.), a 37-year-old, white male soldier was admitted to Letterman General Hospital May 29, 1945, with a transfer diagnosis from a local dispensary of "Acute Nasopharyngitis".

On May 25 he developed progressive sore throat, headache, general malaise, pain in his left chest, and chilliness.

The admission physical examination revealed a flushed face, injected sclerae and naso-oropharynx, limited excursion of the left thoracic cage, signs of consolidation of the left upper lobe, tachycardia (120), and a fever of 104 degrees.

The x-ray chest film taken on the date of admission revealed a diffuse area of increased density involving the greater portion of the left upper lobe considered to be due to a pneumonic consolidation.

A series of four hematologic studies from May 29 to June 4 revealed the R.B.C. to range from 3.6 to 4.7 million; the W.B.C. from 4,650 to 7,050, of which 65 to 82 per cent were neutrophils; and the hemoglobin from 10.5 to 14.0 grams. Toxic granulation appeared in the neutrophils on June 4.

A series of urinalyses revealed a specific gravity of about 1.020, 1 to 2 plus protein, and a few coarse and fine granular casts.

The sputum showed predominant Strep. viridans, and no Neufeld typing, direct or on culture.

The blood culture, blood Kahn, and blood smear for malaria were normal.

Study for cold agglutinins and blood chlorides were normal.

Blood drawn on admission was forwarded to the Hooper Foundation, University of California, San Francisco, for virus studies. The result was non-contributory.

Treatment from time of admission consisted of oxygen therapy, sulfadiazine (for but the first day and without benefit), penicillin intramuscularly from 30 to 40 thousand units every three hours throughout his hospitalization, intravenous glucose, salt, amino acids, vitamins and fluids, anadynes and sedatives.

The course was progressively unfavorable. The pneumonia continued to spread. Death ensued June 4, 1945.

Clinical Diagnosis.—Pneumonia, primary, atypical, bilateral, severe, probably due to a virus.

Anatomic Diagnosis.*—Pneumonia, lobar, acute, upper and lower lobes of left lung and upper lobe of right lung, due to Pasteurella tularensis.

COMMENT

The diagnosis in this case is based on the following

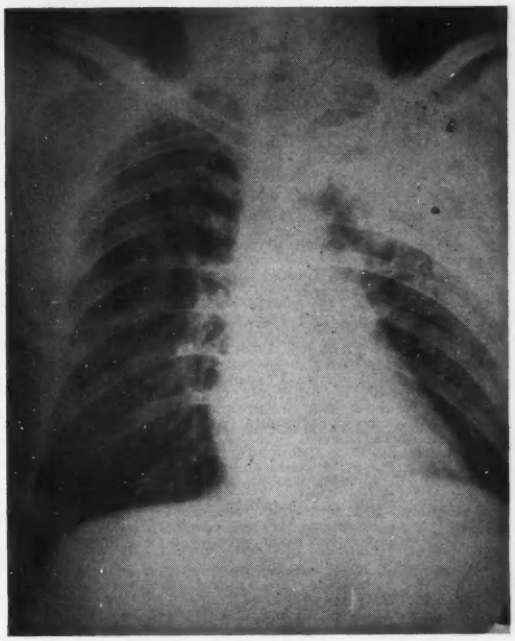

Fig. 1.—X-ray of the lungs taken May 29, 1945 (date of admission).

studies by the Hooper Foundation, University of California:

Material from the spleen and lungs, obtained postmortem, was inoculated into mice and guinea pigs. Focal necroses of the spleen and patchy pneumonic areas developed in both animals. Direct smears from the lungs of the mice revealed innumerable small gram negative coccobacillary bodies compatible with Pasteurella tularensis. P-tularensis was cultured in cystine agar from mice and guinea pigs. Heart blood from the patient postmortem completely agglutinated a known suspension of killed P-tularensis organisms in a titer of 1 to 2,000.

When it was determined this patient died of tularemic pneumonia, an attempt was made to supplement the history with the following result:

Immediately prior to the onset of his illness, the patient returned from a furlough, part of which was spent fishing and fox hunting on and near the Brazes River in Texas. A small tick, locally called "seed tick" and considered a harmless annoyance, was numerous in that part of Texas at that time. No evidence of ulcer indicating a bite was observed during hospitalization or at the postmortem examination. As far as could be determined, the soldier had not skinned any game. Whether he had handled or clubbed any was not learned. In this way he might inhale organisms with the dust or might offer entry through his skin.

This case could serve as evidence that tularemic pneumonia is at least sometimes contracted via the respiratory tract. The opponents, however, can contend that a substantial percentage of glandular tularemia is diagnosed in the absence of evidence of the victim having been bitten. These cases, they contend, quite certainly have been bitten in spite of the lack of local evidence.

SUMMARY

1. A brief description of tularemia, emphasizing the pneumonic form is outlined.

2. A fatal case of relatively pure tularemic pneumonia is reported in which the portal of entry is undetermined.

* A thorough, gross, and microscopic autopsy was performed by Harold L. Stewart, Colonel, Medical Corps, Army of the United States; Henry D. Moon, Captain, Medical Corps, Army of the United States, and Harlan I. Firminger, Captain, Medical Corps, Army of the United States. To these officers the author is very grateful for their contribution to this case report. To the Hooper Foundation, University of California, the author likewise desires to give due and generous credit and to express his appreciation.

3. The profession is reminded that tularemic pneumonia may be misdiagnosed and mistreated as primary, atypical pneumonia unless it is seriously considered in the differential diagnosis.

4. The tularemic pneumonia rapidly spread in spite of the administration of 280,000 units of penicillin daily.

5. Steptomycin promises therapeutic efficacy against tularemia beyond that of any agent hitherto employed.

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POLIOMYELITIS*

REPORT OF A SECOND ATTACK

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SECOND attacks of poliomyelitis have been reported in several cases two years or more after the first attack and recurrences have been reported within three months or less. The definite diagnosis in the case described below seems to differ with some statements made concerning immunity to poliomyelitis after an attack of the disease.

Fischer and Stillerman[1] were able to collect 13 cases in 1938 which they considered authentic cases of second attacks. Nelson and Green[2] in 1943 added four more cases. Wyllie[3] in 1945 reported another case from Canada. Undoubtedly other cases have occurred.

Nelson and Green[2] state that the average interval between attacks in their series was five years, with the shortest interval two years. In no accepted cases of second attacks reported in the literature has there been less than a two year interval. They do point out, however, "that the absence of reinfection in reported cases during this two year period could be due entirely to chance." The fact that the second attack was more severe than the first is not uncommon. Some writers feel that this may depend upon whether the second attack is caused by a homologous or heterologous strain of the virus and whether the portal of entry was the same for both attacks. Howe and Bodian[6] showed that in Rhesus monkeys when animals were inoculated with a homologous strain of poliomyelitis virus in another part of the central nervous system that the animals developed typical symptoms of poliomyelitis.

Still[4] in 1930 proposed that the quiet period when patients do not develop poliomyelitis suggests an effective immunity for at least two years. Animal experimentation as well as pathological examination of human tissues would seem to question any specific period of immunity in an individual.

* From the Department of Communicable Diseases, Santa Clara County Hospital.

REPORT OF CASE

History of First Attack.—W. C. F., male, age 30 years, had his onset August 25, 1943. He complained of pain in the back and neck with marked nausea and vomiting when the author first saw him on August 26th. By August 28th, when he was admitted to the Isolation Ward, he had marked weakness of extension and flexion of the left arm and the right leg. He was was unable to void and did not regain control of his bladder for five days. Vomiting also persisted. Spinal puncture revealed 27 white blood cells per cu. mm. with 2 polymorphonuclears, 25 lymphocytes and 51 gms. total protein per 100 c.c. His admission temperature was 100.6 F. which became normal on the seventh day after onset and remained normal during this attack. He was given hot packs to arms, legs, back and neck. His left arm had a little function in the deltoid muscles and some in the flexor and extensor muscles when he was dismissed from the hospital on September 13, 1943. The right tibialis anterior remained weak and the right Kernig was positive. His back muscles were also in spasm. He continued with his hot packs at home in addition to other physiotherapy and by September, 1943, was able to resume his duties as a radio operator with the Police Department. At the end of six months he had so completely recovered that no weakness could be found in any of the affected muscles and he resumed his duties as a patrolman and attended a life-saving course given by the Red Cross.

* * *

History of Second Attack.—About ten days before W. C. F.'s last illness, a relative living in the same household developed pain lasting about two days in the back and in the hamstring muscles of one leg. He had a maximum temperature of 100 degrees F. His recovery was uneventful and he returned to work in about five days. At this particular time there were several such cases seen in the community.

On November 7, 1944, W. C. F. had a slight fever and felt dizzy. By the next morning he noticed a weakness in both arms and was nauseated and vomiting. No weakness was found in either leg at this time. On November 12, 1944, he was admitted to the Isolation Ward with a temperature of 100.4 and both arms and legs had become flaccid. His spinal puncture showed 120 w.b.c. all lymphocytes. By September 14th he began to have difficulty swallowing although his vomiting had stopped. His temperature gradually decreased to 99.0 F. Respiratory paralysis became marked and he expired in the respirator on November 14, 1944, one week after onset.

COMMENT

On autopsy the right and left occipital lobes showed a few sub-arachnoidal hemorrhages about 0.5 to 1 cm. in diameter. Pial vessels were markedly congested. Microscopic examination showed complete loss of motor cells from the anterior horn of the cord. At some levels, however, absence of motor cells in a given area of the gray matter was not accompanied by acute inflammatory reaction. This may have been the result of the first infection. Typical lesions were found also in the brain stem. Two monkeys were inoculated with a fresh specimen from the brain in the laboratory of Dr. Harold K. Faber, Stanford Medical School, and one developed a typical paralysis of poliomyelitis after ten days with typical lesions in the cord.

City Hall, San Jose.

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HYPERTENSION — SOME RECENT ADVANCES IN OUR KNOWLEDGE*

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IT is now over twelve years since Goldblatt and his associates[1] demonstrated that persistent hypertension could be produced in dogs by partial constriction of the renal arteries. This historic observation has been confirmed repeatedly on a variety of laboratory animals, and stimulated a vast body of research upon the nature of experimental and human hypertension. Both the benign and malignant varieties have been reproduced by inducing renal ischemia, and the characteristic necrotic lesions of malignant nephrosclerosis have been duplicated. Goldblatt made the interesting observation that the hypertension which occasionally develops after making one kidney ischemic can be abolished by removing that kidney.[2] Although the number of instances of human hypertension which seem to be due to unilateral renal disease is very small,[3] the cure of such cases by nephrectomy is a direct outcome of the knowledge gained from Goldblatt's observations.

RENIN AND OTHER STUDIES

Because they are so well known, the studies on renin will be summarized briefly. In 1898, Tigerstedt and Bergmann[4] showed that saline extracts of the kidneys of rabbits produced a sustained rise in blood pressure when injected into other rabbits, and they named the active principle *renin*. Harrison, Blalock and Mason,[5] as well as Friedman and myself,[6] demonstrated in 1936 that more pressor substance could be extracted from ischemic kidneys than from normal kidneys. It remained for Braun-Menendez in South America[7] and Page[8] in this country, together with their respective coworkers, to demonstrate that renin, a proteolytic enzyme, was without pressor activity until it acts on one of the blood globulins (a_2 globulin) to produce a polypeptide termed *hypertensin* by the South Americans and *angiotonin* by Page and his group. The latter claimed to have isolated this substance in pure crystalline form.[8] An increase in circulating renin and angiotonin has been reported clinically in acute glomerulonephritis and in eclampsia.[9]

There is also an enzyme in the blood called *hypertensinase* which inactivates hypertensin.[10] We have found unusually high concentration of this enzyme in the red blood cells.[11] The amount of hypertensinase in the blood is decreased by nephrectomy. It has been shown that there are both pressor and depressor substances operating in the normal kidney. Depressor extracts have been isolated from normal kidneys by a number of investigators.

Bing and Zucker[12] described another renal pressor mechanism which they demonstrated to be produced in the ischemic kidney by decarboxylation of certain amino acids.

There is no doubt that both the renin and the pressor amine mechanisms are humoral ones. A neurogenic origin for the elevation of blood pressure in experimental renal ischemia has been excluded in a number of ways. For example, it has been found that renal denervation[13] or sympathectomy[14] does not prevent or relieve the hypertension produced in dogs by renal ischemia. Blalock and Levy[15] further demonstrated that this type of hypertension develops even when the ischemic kidney has been transplanted into the neck of dogs. Goldblatt himself came to the conclusion that the renal pressor mechanism was a humoral one, and in further support for his belief he showed that if the renal veins were obstructed at the same time as the arteries were constricted, no elevation in blood pressure occurred.[16]

Contrary to Goldblatt's hypothesis that the hypertension which results from constriction of the renal arteries is due to renal ischemia, Page suggests that intrarenal reduction of pulse pressure may be the causative factor.[17] He bases this view on the fact that renal hypertension may occur in the absence of renal ischemia; also that the pressure distal to the clamp in Goldblatt dogs is sometimes normal,[18] and the renal blood flow is not always reduced.[19] The production of persistent hypertension in dogs by compression of the renal parenchyma is thought by Page to be due to diminishing the pulsation in the renal vessels, but as Goldblatt has suggested,[20] this occurs by compressing the vessels and causing renal ischemia.

If reduced pulse pressure is an adequate explanation for the genesis of renal hypertension, it is difficult to explain why patients with aortic stenosis and low pulse pressures should not all have hypertension. Sidney Leo, while working in this laboratory, examined the records of all patients in the Los Angeles General Hospital with aortic stenosis, and found no instance of hypertension even when the pulse pressure was as low as 10 to 20 millimeters of mercury.[21]

CLINICAL OBSERVATIONS

Clinically, the most important physiologic alteration in hypertension is the increased peripheral arteriolar resistence.[22] However, the exciting cause of this vascular disturbance has not been established. The large incidence of renal arteriosclerosis observed in hypertensive subjects at necropsy gave further support to Goldblatt's experimental evidence that renal ischemia resulted in hypertension, and suggested that renal ischemia might also be the primary disturbance in human hypertension.[23] There can be no doubt that marked narrowing of the renal arteries produces hypertension in man and a few case reports with convincing evidence in favor of this have been presented. We have recently observed such a case.[24]

REPORT OF CASE

History.—A woman, aged 53, was admitted to the Cedars of Lebanon Hospital on September 1, 1940. On the previous evening severe epigastric pain suddenly developed and she became faint. Within the next few minutes she became nauseated and dyspneic. Because of the persistence of these symptoms she was admitted to the hospital. She was known to have had rheumatic heart disease of many years' standing. Her blood pressure taken on several occasions before the present episode was found to be normal.

Examination.—On admission to the hospital the radial pulse was 120 a minute, with evidence of auricular fibrillation. There was no cardiac enlargement and the blood pressure was 110 systolic and 95 diastolic.

Course.—The day after admission her blood pressure was 130 systolic and 100 diastolic and she was given quinidine, which converted the auricular fibrillation to normal rhythm. On the tenth day the blood pressure was 170 systolic and 110 diastolic and on the twelfth day 200 and 120. The urinary secretion, which had been diminishing progressively, almost ceased. On the eighteenth day, the blood pressure was 190 systolic and 100 diastolic and the specific gravity of the urine had fallen to 1.008. Measurable quantities of albumin were present in the urine, and in the sediment there were numerous leukocytes, epithelial cells and a moderate number of erythrocytes but no casts. The nonprotein nitrogen rose to 72 mg. per hundred cubic centimeters on the seventh day after admission to 148 mg. on the day before death. There was increasing stupor, and death occurred on September 21, three weeks after admission.

A clinical diagnosis of occlusion of both renal arteries was made. The most probable cause was considered to be embolism, although the possibility of a dissecting aneurysm of the aorta involving the orifices of both renal arteries was also considered.

Postmortem Examination.—At the autopsy unilateral renal infarction was found due to thrombo-embolism of the aorta at the origin of both renal arteries. A perfusate of the one infarcted kidney contained large quantities of renin.

* Read before the Section on General Medicine, at the Seventy-fourth Annual Session of the California Medical Association, Los Angeles, May 6-7, 1945.

COMMENT

The problem still remains as to whether the renal pressor mechanism is primarily responsible for human hyptertension whether or not renal ischemia is present. Several years ago Pickering and I gave single intravenous injections of renin to rabbits. At the height of the pressor response the animals were bled and the blood extracted. The extract contained large quantities of renin.[25] However, when the blood of a patient with essential hypertension or that of an animal with Goldblatt hypertension was extracted by the same method, no renin could be demonstrated in the extract.[26] Furthermore, extensive transfusions of blood from hypertensive patients failed to cause any elevation of blood pressure in recipients.[27] More recently, Haynes and Dexter,[9] using methods developed by the Buenos Aires school, were unable to demonstrate any circulating pressor substance in patients with so-called essential hypertension. They found an increased quantity of renin only during the ascending blood pressure in eclampsia and acute glomerulonephritis. However, when the blood pressure was persistently elevated they were unable to detect hypertensin in the peripheral blood.

Evidence has been presented by a variety of investigators that the renal blood flow is not always reduced in essential hypertension. William Dock,[28] for example, has shown by perfusing kidneys of hypertensives, obtained at autopsy, with kerosene, that there does not seem to be any obstruction of flow through the renal vessels. Castleman, Smithwick and Talbott[29] studied the pathology of the kidney in various stages of human hyptertension by obtaining renal biopsies during sympathectomy. They could find no evidence of renal arteriosclerosis in the early stages of essential hypertension. However, in the later stages, renal arteriosclerosis was a constant finding, and proportional to the severity of the vascular lesions in the kidney was a decrease in renal blood flow. On the other hand, Moritz and Oldt[23] found changes in the renal vessels in a large number of patients with hypertension.

It would seem, therefore, that the renal pressor mechanism has not been completely proved as the cause of all cases of essential hypertension. Attention has increasingly been directed toward a neurogenic, or vasomotor, genesis of essential hypertension. Evidence in favor of this theory is not conclusive but suggests that increased activity of the vasomotor center has some etiologic importance. The therapeutic effects of sympathectomy can be considered as evidence in favor of this hypothesis.[30] Recently, Medoff and Bongiovanni[31] produced hypertension in rats by audiogenic stimulation.

THERAPY OF ESSENTIAL HYPERTENSION

As clinicians, we are interested in the therapy of essential hypertension. As previously mentioned, antipressor activity has been demonstrated in extracts of normal kidneys. The administration of such depressor extracts to hypertensive subjects could be expected to be therapeutically useful.

Harrison and his coworkers,[32] and Page and his group[33] prepared such extracts which, when administered to hypertensive patients and animals, caused a significant reduction in blood pressure. This observation was regarded as one of great significance in the treatment of hypertension, and the use of these extracts was widely investigated. All those who used kidney extracts noted varying degrees of local and systemic reactions. The possibility presented itself that the therapeutic effect might be due to these nonspecific reactions. Schroeder and his group at the Rockefeller Institute[34] observed that tyrosinase preparations extracted from mushrooms had a beneficial effect when administered to hyptertensive rats and to patients. Tyrosinase is an enzyme which destroys certain pressor amines including renin. We observed that heat-inactivated tyrosinase preparations can produce significant lowering of blood pressure and remission of other symptoms of arterial hypertension in man. Such effects as have been observed are as marked as those which have been reported by others following injections of active tyrosinase preparations, and therefore show the effects upon the symptoms of arterial hypertension to be unrelated to the enzyme content of the preparations.

Roy Scott observed beneficial results following the intravenous injection of typhoid vaccine.[36] Clara Margoles and myself treated several hypertensive patients with a casein digest prepared by Dr. Gordon Alles.[37] We found that these extracts caused a lowering of blood pressure, decrease in cardiac size, improvement in the cardiogram especially a reversal of the inverted T wave in Lead I, and improvement in the eye grounds. It was concluded that the therapeutic activity of kidney extracts could be explained as being due to a non-specific protein or proteose reaction. These observations do not disprove the existence of a specific substance in the kidney which may be therapeutically useful in hypertension, but such a substance has not yet been convincingly demonstrated because the same effects can be produced by non-specific agents.

Although there was marked improvement in patients while they were receiving the extract, when treatment was stopped the blood pressure gradually returned to previously high levels and the disease continued. It would appear doubtful to me whether the pain and discomfort the patient suffers is justified by the temporary improvement, and we have discontinued using such non-specific extracts for the treatment of hypertension.

Thiocyanate, as is well known, has been widely employed for the treatment of hypertension. In spite of the knowledge obtained by Barker that the blood concentration of thiocyanate must be carefully watched and maintained at a proper level,[38] a few untoward reactions and even fatalities have resulted. The mechanism of action of this drug is not known, although Dalton and Nuzum[39] demonstrated that the pressor effect of angiotonin was reduced in animals which had previously received thiocyanate. We found in perfusion experiments that thiocyanate does not diminish the liberation of renin in an isolated ischemic kidney.[40] Clinically, a relatively small percentage of patients have received benefit from this therapy. Some have ascribed the hypotensive effect of thiocyanate to its sedative action.[41]

Ben Friedman and his coworkers observed that a variety of quinones have marked hypotensive effect in experimentally produced hypertension.[42] This has been confirmed by several investigators. The quinones are relatively toxic and to our knowledge have not yet been used in human cases. It is possible that a further study may prove this group of drugs to be of great value in hypertension.

Kempner of Duke University[43] observed that the elimination of protein intake by a diet consisting essentially of rice had marked therapeutic effects in certain patients with severe hypertension. Our experience with this diet has not been too successful, mainly because it is not palatable and patients find it difficult to continue this régimé for a prolonged period of time. The mechanism by which such a diet is useful in hypertensive patients without an elevated non-protein nitrogen is obscure; that it can lower an elevated N.P.N. is understandable. It would seem that modifications of Kempner's diet are worthy of further trial. Low sodium diets[44] have also been found to be of benefit in hypertension but conclusions cannot be drawn from the small number of cases treated in this manner.

Vitamin A[45] and vitamin K[46] have also been recom-

mended for the treatment of hypertension but their therapeutic value has not been generally confirmed at yet.

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HUMAN PLASMA—SURPLUS DRIED*

ITS DISTRIBUTION IN CALIFORNIA

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THE American Red Cross has announced that approximately one and one-quarter million units of surplus dried human plasma will be made available for civilian use. This plasma was originally collected through the American Red Cross blood donor program, prepared in dried form and shipped to the various battle areas throughout the world. With the termination of hostilities the large stores which accumulated were no longer needed and are now being returned to the United States for civilian use.

The American Red Cross has been authorized to distribute the plasma to the various state health departments who have been asked to assume the responsibility for the distribution of plasma within their respective states.

The general features of the American Red Cross Plan are as follows:

1. An initial allocation, based on the number of licensed

* From the office of the Department of Public Health, State of California.

physicians and number of active hospital beds in the state will be made to each state health department.

2. The state health department will prepare a plan for the distribution of plasma within the state. Upon approval of the plan by the American Red Cross the initial allotment will be made available.

3. Subsequent allocations of plasma will be made available by the American Red Cross only upon request from the state health department.

4. The plasma is to be supplied and distributed free of charge. No charge will be made to any patient for plasma received.

5. The state health department will report at monthly intervals the amount of plasma received and distributed within the state.

The following plan for distribution of plasma in California, adopted by the State Department of Public Health, has been approved by the American Red Cross, the California Medical Association, and the Association of California Hospitals:

1. Distribution to areas where there is a full time local health service will be made through the local health departments. Initial allocations will be made to each local health department and distributed by one of the following procedures.

a. The initial allotments will be sent directly to the local health department for distribution by them.

b. The local health officer will supply the Division of Laboratories of the State Health Department with a list of hospitals in the local health jurisdiction indicating the amount allocated to each. The State Health Department will then ship the initial allotments to the hospitals indicated.

2. Distribution in areas where there is no full time health service will be through the county health officer whenever such arrangements can be made. If the health officer does not elect to act as the distributing agency for his county a medical agency in the county will be selected or the State Health Department will distribute plasma directly to the hospitals and physicians on request. The initial allocation will be issued only to counties where the county health officer or an approved agency acts as the distributing agent.

3. In order to avoid the piling up of plasma in offices or institutions where plasma may not be needed it is recommended that the local health departments make initial allocations to hospitals only, reserving a supply in the health department for any requests that may be made. The plan contemplates that doctors on hospital staffs could draw from the hospital supply for any plasma needed for outside cases. If the doctor is not affiliated with any hospital he should make application for plasma directly to the local health department or designated agency. If no agency has been approved for a county, applications for plasma should be made directly to the Division of Laboratories, California State Department of Public Health, Berkeley, California.

4. The supply of plasma in local health departments or approved agencies may be replenished from time to time upon request to the Division of Laboratories. Physicians and hospitals should direct their requests for plasma to their local health departments or to the local distributing agency.

5. The local health department or agency will report to the Division of Laboratories at monthly intervals the amount of plasma received and distributed. The State Health Department will furnish reporting forms and record cards in order to standardize the reports and records and to reduce the amount of clerical work to a minimum.

* * *

The plasma is prepared in dried form and packaged in 250 cc. and 500 cc. sizes. 500 cc. of plasma is regarded as one unit. Each package contains, in addition to the bottle of plasma, a bottle of sterile diluent sufficient to restore the plasma to its original volume and complete equipment for the rehydration and administration of the plasma.

It is the intent of this plan to make the plasma readily available, without cost, wherever and whenever it is needed in the state.

Plasma is now being distributed as rapidly as it becomes available from the American Red Cross.* The initial allocations are being delivered county by county. Each initial allocation will be accompanied by announcements through the local newspapers as the plasma becomes available in each area. It is hoped that complete distribution of the initial allocations can be made within two months.

While it is estimated that the available plasma will meet the needs of the civilian population for approximately two years, it should be borne in mind that this is only a small part of need for blood for transfusion purposes. Local blood banks must be relied upon for whole blood for transfusions.

663 Phelan Building, 760 Market Street.

BLAST INJURY OF THE SPINE

LEWIS COZEN, M. D.
Los Angeles

CONCUSSION of the back resulting from an exploding shell or bomb is a rare but interesting injury. Some data on fifteen soldiers with this injury are listed. It would have been interesting to follow these patients for a period of months or years, but because of the necessities of war I have seen them only for three to eight days. X-rays revealed no fractures in any of these patients.

The history of injury was practically identical in each case. The nearby explosive lifted the soldier out of his original position on the ground and he was deposited several feet away. They could not tell exactly how they landed but none thought that they landed with great force. It was their impression that the blast of air injured their backs rather than the resulting fall. Physical examination revealed little. There was tenderness of a diffuse nature usually in the lumbar area, usually bilateral. Motion of the involved area of spine was somewhat limited in all directions by pain. In only one case was there associated hematuria.

The most interesting feature of this group is their prognosis. It will be noted from Table 1 that lack of improvement was correlated with a history of previous chronic backache. All patients had simple symptomatic treatment consisting of analgesics, bed rest and baking and light massage. In only one case where a previous history of chronic back pain was present did any diminution of pain occur. On the other hand, improvement took place in every patient with no previous history of back pain.

SUMMARY

A series of fifteen patients who were injured by the concussion of a nearby explosive is reported. A definite correlation existed between the history of previous back pain and lack of improvement of symptoms.

* A mimeographed circular (Number 80428) has been issued by the Medical Director, American National Red Cross, Washington, D. C., under date of Feb. 11, 1946, with caption, "Normal Human Dried Blood Plasma, Army-Navy Surplus." It gives information concerning clinical use, and will be supplied on request by the Division of Laboratories, California State Department of Health, Berkeley 4, California.

TABLE 1.—*Summary Concerning Fifteen Patients. Showing Correlation Between History of Previous Back Pain and Lack of Improvement of Symptoms*

Reference Number	Names	Age	Distance from Explosion	Previous Chronic Backache	Response to Rest and Physiotherapy
1.	R. L.	32	10 yds.	None	Improving after 3 days
2.	S. K.	32	5 ft.	Yes, for past 8 years	No improvement after 5 days
3.	M. V.	27	10 ft.	Yes	Very slight improvement after 1 week
4.	B. A.	28	3 ft.	None	Improving after 4 days
5.	J. B.	26	5 ft.	None	Improving after 6 days
6.	P. P.	35	10 yds.	Yes	No improvement after 5 days
7.	J. C.	40	6 ft.	None	Some improvement after 6 days
8.	C. P.	20	20 yds.	Yes	No relief after 5 days
9.	L. W.	23	10 yds.	Yes	No relief after 3 days
10.	S. C.	22	5 yds.	None	Improving after 4 days
11.	D. C.	30	5 yds.	Yes, (minor)	No relief after 8 days
12.	I. J.	27	10 yds.	None	Improving after 4 days
13.	F. H.	32	5 yds.	Yes	No relief after 3 days
14.	H. D.	20	8 ft.	Yes	No relief after 5 days
15.	R. D.	26	3 ft.	Yes	No relief after 5 days

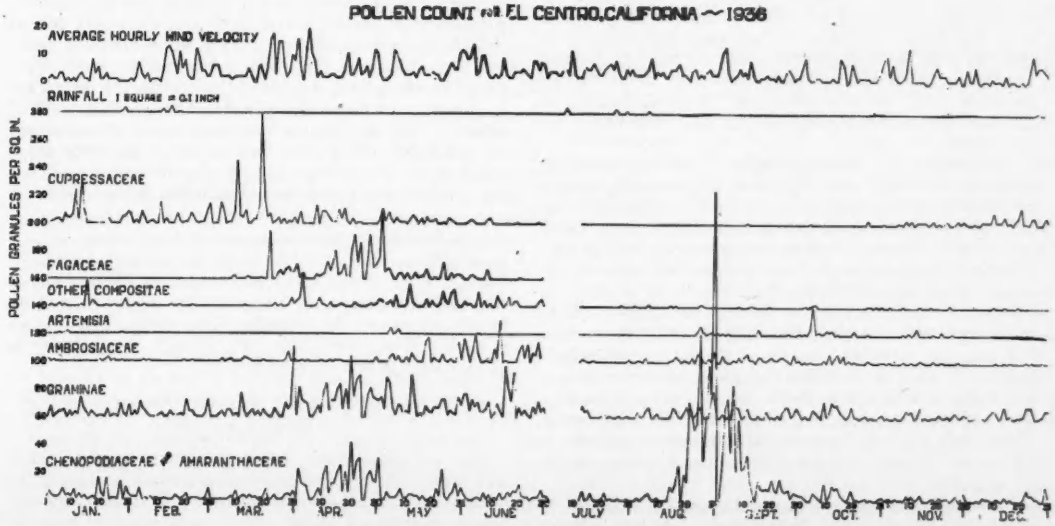
POLLINOSIS IN IMPERIAL COUNTY, CALIFORNIA, AND YUMA, ARIZONA

The tabular information and the graph appearing below are pertinent and supplementary to the article "Pollinosis in Imperial County, California, and Yuma, Arizona," by George F. Harsh, M.D., of San Diego, which appeared on page 245 of the April issue. They were inadvertently omitted from the issue in which the article was printed.

Pertinent Data on Plants of Importance in Pollinosis in Imperial County, California, and Yuma, Arizona

	Pollinating dates (months of year)	Pollen production	Size of pollen (microns)	Percentage of patients reacting 1+	Percentage of patients reacting 2-4+	Plant abundance Imperial county	Plant abundance Yuma area	Importance rating (Imperial County)
Galleta grass	2- 4	25	32	20	27	2	5	5
Bermuda grass	1-12	45	25	18	42	9	9	250
Knot grass*	6- 8	4	32	20	25	1–	2	
Honey mesquite*	4- 6	2	29	33	18	2	4	
Pecan tree*	5	++++	42	14	14	1–	5	
Careless weed	4- 9	150	29	21	24	4	5	70
Sowbane	2- 5	13	21	27	27	3	3	10
Shad scale	6- 9	60	25	24	30	4	3	40
Quail brush	8- 9	75	18	18	18	8	9	120
Cattle spinach	9	50	29	15	21	2	3	10
Desert holly	1- 4	35	25	30	10	1	0	5
Russian thistle	6- 9	30	25	18	30	5	3	30
Iodine bush	9-10	+++	18	36	24	2	1	10
Ink bush	8-10	20	25	27	21	6	2	20
Burrobush	2- 3	+++	21	19	11	2	1	10
Desert ragweed	3- 6	35	18	15	15	7	4	70

*Important only at Yuma.



Graph of daily pollen counts at El Centro, California.

THE INDUSTRIAL PHYSICIAN IN THE COMMUNITY HEALTH PROGRAM*

A. V. Nasatir, M. D.
Los Angeles

INDUSTRIAL medicine is an outgrowth of the broader science of medicine as a whole. Its evolution reflects the attitudes and developmental pattern of its parent discipline. Let us examine the current trend of development as it relates to the public health.

Medical science has gone far and as it has advanced so has the general health of the population. The standards of diagnosis and treatment have never been higher than they are now. Tens of thousands of individual doctors in clinical practice treating millions of patients have collectively produced a cumulative effect on the public health. Mortality has been reduced because death has been deferred. Life expectancy has been increased because of better and earlier diagnosis, because of more extensive and exact knowledge of treatment, and because of a field of medical endeavor too prone to be discounted or disregarded by the spokesman for the achievements of modern medicine. I speak of public health practice, to which I shall refer later. With all credit to clinical medicine, in the final analysis its accomplishments have all been in the direction of diagnosis and treatment. They bespeak a philosophy based on treatment. The approach to health has been a therapeutic one. At its worst, this approach has stood for restoration of health; at its best, it has meant preservation of health. But the collective effect on health stemming from the treatment of many individuals must eventually arrive at a level beyond which it cannot go. While in the early days of medicine more people got sick than were cured, there will never be a time when more people will be cured than get sick. In between these two extremes there is a point where the therapeutic approach brings results according to the law of diminishing returns. There is a diminishing rate of accomplishment from a health point of view out of proportion to the knowledge, effort, and skill expended by care and treatment of individuals. Eventually an equilibrium is reached beyond which no further cumulative effect on public health is derived.

THE TREND TOWARD PREVENTION MEDICINE

The trend today is toward prevention of disease and illness; the philosophy is one of promotion of health. It is a departure from negative attitudes and patterns of thinking and involves positive and constructive action. It means the utilization of new techniques and new approaches. They are the techniques of public health, the approach to health through group and community organization.

It is where these instrumentalities have been used that medicine has been most effective in promoting health. (Everyone will agree that our greatest achievement has been in the reduction of infant and childhood mortality, and in the control of communicable disease.) However, experience has shown that unless these methods are directed in an organized manner towards large numbers of individuals, the effect in the general population will be inadequate to accomplish the desired health protection. For example, diphtheria is one of the infectious diseases for which there is available not only specific treatment, but also a specific test to determine presence of immunity, and a proven method for establishing such immunity. This information is known to all physicians, and nearly all doctors dealing with children utilize it. Consequently, large numbers of children are tested and immunized by practitioners every year. Nevertheless, the case incidence and mortality tend to rise as soon as the index of overall immunity of the population begins to drop below a certain point. More specifically, if only half the children of school age are immunized, that is the group between 5 and 14, the prevalence of diphtheria is unaffected. But if 55 per cent to 60 per cent of this age group is immunized and in addition at least a third of the preschool population under 5 years, mortality and frequency drop sharply. What I am trying to point out is that the required level of group immunity and concurrent health protection can only be reached and maintained by organized and planned community action. It has therefore been necessary periodically to put on "drives" to stimulate more extensive activity in the medical profession as well as acceptance by the community. These "drives" would not be nearly so successful were it not for the fact that access to large groups under centralized supervision and control is made possible through the school system. The schools have been of inestimable value for the opportunity and advantages they have offered in control of childhood diseases. They are an outstanding example of the effectiveness and the accomplishments of preventive medicine in reducing the mortality and increasing life expectancy in a major population group.

HOW PREVENTIVE MEDICINE HAS MADE FOR INCREASE IN LIFE EXPECTANCY

The logical consequence of these and other efforts of public health and preventive medicine has been that more and more children have been reaching the age at which degenerative diseases of maturity occur. The gradually increasing incidence of these has become a public health problem. It is logical therefore that medical thought should conclude that the field of adult health must be the objective of future campaigns in the war against disease. That does not mean that the areas in which success has been achieved should be neglected. The battle line on the child health front will be held and new and greater gains will be made. But as in any campaign, while the conflict rages on one front it is necessary to establish new fronts in order that over-all victory may be gained. It is the new front of adult health which has been opened up. Reflection will reveal that adults are really the largest segment of the population, and the majority of adults are workers. Further reflection will disclose that the only circumstances in adult life comparable to the school life of childhood are those of work. Instead of school systems we have industries. Instead of schools we have work establishments, factories, plants, or whatever they may be. And to these places come daily the same groups of adults, within the same environment under the same supervision and control. The same elements, the same agencies used in promoting child health through the schools are available for promoting adult health through industry.

Substitute the hazards of work for the hazards of childhood and you have occupational injuries and occupational disease instead of the acute communicable diseases. Substitute the industrial physician for the school physician and you get health education for adults instead of health education of children. The comparison is an obvious and easy one. The only absence of similarity is in the organization of effort.

RECENT DEVELOPMENT OF INDUSTRIAL MEDICINE AS A SPECIALTY

You will recall that I began this discussion by stating that industrial medicine reflects the attitude and developmental pattern of general medicine. This becomes apparent in studying the development of medical practice in industry. I shall dispense with the details of that development. Suffice it to say that experience and research

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* Adapted from a paper delivered before the Section of Industrial Medicine and Surgery, of the Los Angeles County Medical Association, February 14, 1946.

From the Division of Industrial Hygiene, Los Angeles City Department of Health, Los Angeles, California.

into causes of occupational disease have disclosed a number of well defined hazards to health which vary with environment and manner of occupations, and which have made it possible for the practitioner in industry to progress from the concept of treatment to one of prevention. But the development of industrial medicine as a distinctive specialty is a comparatively new one, and earliest attitudes still tend to prevail. As long as industrial doctors dealt only with trauma of work, they practiced industrial surgery. But just as accidents are not the only influence in over-all life and health of the individual, neither are they so in industry. Therefore, the industrial practitioner of today has to consider other factors of the job; the materials which the worker handles; the manner in which he works; the housekeeping and sanitation of the environment; the physical factors such as dusts, gases, vapors, illumination, ventilation,—in short, all the factors which may become hazards to the health of the worker. As the field of endeavor of the industrial doctor expands, his efforts and interests are no longer limited to treatment; and traumatic surgery joins other industrial health and medical services to form the more comprehensive specialty of industrial medicine, or more correctly, industrial health. The industrial physician in this concept is more than just a physician or surgeon. He is doctor, administrator, sanitarian, and the liaison between labor and management. He is the health officer of the plant and as such his functions are to protect the worker's health from hazards arising out of occupation. But he also has responsibility to management. He must see that employees' absence from work because of injury or sickness is reduced to a minimum, and that the health of the employee is such that he can work with maximum efficiency on the job.

TYPES OF SPECIALISTS IN INDUSTRIAL MEDICINE

It is well known that physicians associated with industry fall into three obvious categories—those working full time, those who work part time with definite hours in the plant, and those who work only on call. It needs no great mental effort to realize that only those working full time are in a position to provide a true industrial health service, in the sense implied heretofore. The part-time physician can only render the degree of service which his relationship with management permits. It depends on how well he sells the idea of health to the management as well as on his own concept of what health services are. As for the "on call physician," here is what Sappington says about him. He "usually serves in such a disjointed fashion that he tends to lose interest in the real health problems of the industrial establishments with which he may have contact. This type of service is entirely curative, and what may be called obsolete." Selby, in an article published in *Industrial Medicine* in 1938 is also quoted as follows: "The full-time group, as the name indicates, gives its whole attention to industrial practice, and always in one establishment. These are the only true industrial physicians, who, as a group, apply the principles of preventive medicine to the maintenance of employee health."

IN RECAPITULATION

Recapitulating then, only the large size plant can afford to employ full-time industrial physicians. Only full-time physicians, assuming they have the vision, skill, and initiative, are in a position to promote a comprehensive health service in industry. Nevertheless, part-time physicians in the smaller establishments of the large plant group can also perform limited preventive services. They are in a position to provide, in addition to emergency care, routine preplacement examinations, periodic and follow-up examinations, and the basis for a health education program utilizing the nurse who is usually also employed by the plant. The big weakness in the industrial health program is the lack of even a minimum health service for small plant industry. On the one hand these offer a field for constructive health work in industry, and on the other hand there is a group of physicians who are on call for industrial health work but who do not realize the complete fulfillment of their potential opportunities and capacities. There are a number of industrial medical offices scattered throughout the industrial area of the city. How many of the administrators of these emergency hospitals, as they are often designated, engage in anything but glorified finger wrapping? How many on-call, or even part-time physicians for that matter, have ever toured a plant or examined the conditions of work from which their patients come? Maybe I am stepping in where angels fear to tread, but my contention is that constructive industrial health service can be provided for small plants, by industrial medical practitioners who are not full time. There are many who are industrial physicians only by virtue of the fact that they treat, and fill out insurance forms for conjunctivitis, dermatitis, and injuries occurring at work. There are many others, especially younger men, who would be glad to spend a part of their time in industrial health work. The problem is how to get the small plant employer and the potential industrial physician together.

INDUSTRIAL HEALTH PROGRAM OF LOS ANGELES

You are aware that the industrial health program of Los Angeles has received national commendation. The program is one which was established as a result of the efforts of an industrial health advisory council formed in war time. This organization made up of representatives of industry, official agencies, and the medical, dental and nursing professions, was coördinated by Mr. Franklyn Cole of the local Chamber of Commerce. It stimulated and promoted interest in health in industry and has been responsible for considerable expansion and active participation in health activities by industrial management. But, except for sporadic and occasional requests by small industry for assistance from official agencies, establishment of basic services has been accomplished only in the larger size plants, and only in a fraction of these. Nevertheless it has been demonstrated that industry can be reached and coördinated for health, through an effective organization. On the other hand, how can physicians be induced to engage in a small plant health program? How can the services of those already so engaged be improved, how can new physicians from the younger general practitioners be recruited and indoctrinated in the principles and opportunities of industrial health?

I do not think the obstacles are insurmountable. I believe that the Los Angeles Chamber of Commerce has the machinery for localizing areas of small plants either on a basis of like industries or on a basis of physical or geographical proximity. I believe that representatives of such small plant groups can be sounded out on their willingness to participate in a group industrial health service. I believe that they can be organized so that an over-all picture of their industrial health problems can be formulated, based on the various types of occupation, the hazards involved, and the environmental studies needed.

On the other hand, I believe the Industrial Medicine Section of the County Medical Association should agree on what the policy of its organization will be in relation to an accepted definition of the objectives and scope of industrial health and medicine. With a clearly defined policy, members who are not full-time industrial physicians, should be able to submit an estimate of the extent to which they could expand their activities in the direction of industrial health practice. Those whose time was fully occupied with existing industrial commitments

should consider the employment of younger medical men, either as full- or part-time assistants. And these younger men should be recruited from the general membership of the association by intercommittee work between the industrial and general association membership. Committees already established in both the medical and industrial organization could then meet to see where the consumers and producers of industrial health service could find a point of agreement.

EMERGENCY CLINICS

The many small industrial medical offices and emergency clinics now strategically located in industrial neighborhoods could be most effectively used as a nucleus for the development of health and medical services to small industries on a pooled or coöperative basis. This plan has been successfully carried out in other industrial areas of the country. The underlying pattern already exists. It means a little more detailed work on the part of representatives of industry, and a little more soul searching and education on the part of the industrial medical profession.

What type of service could be provided to small industry under such an arrangement? The small plant would be serviced by an industrial physician who would visit the plant regularly, even though it might be for only one or two hours a week. Both the workers and management would receive the basic elements necessary to health service there in the plant. In order to be able to provide these basic elements, the industrial physician who contracts to visit the establishment should have a knowledge of the industrial operations of that particular plant. He should have a knowledge of the work procedures, the environmental features, and the materials handled in the plant which might be hazardous. He should be familiar with methods for their control. This would involve keeping records of all kinds which in most cases can be handled by a nurse or clerk. But analysis and a use of the data on the records should be made by the industrial physician.

OTHER PHASES OF INDUSTRIAL MEDICINE

Every industrial physician knows that occupational injuries and diseases are responsible for only a very small portion of absence from work. Therefore, in addition to educating employees in the methods of protecting their health while at work, it would be necessary to promote good health habits among them while away from work. After all, workers spend only one-third of their day on the job. While they are out of the plant they may acquire or be exposed to acute communicable disease and on their return to work may in turn expose fellow workers to the dangers of infection. Therefore the industrial physician should coöperate with official health agencies in programs of general health education or disease prevention.

TECHNICAL COÖPERATION OF CITY AND COUNTY HEALTH DEPARTMENTS

For such technical services as are required for environmental or laboratory study of health in a plant, the industrial hygiene services of the city and county health departments will always be available. The official agencies are also available to assist and advise in regard to promotion of general health programs in industry. Perhaps this is all familiar to you. I am sure it is, for it is but a paraphrase of the objectives of Industrial Health and Medicine, as outlined by both the Council on Industrial Health of the A.M.A. and the American College of Surgeons.

Comprehensive industrial health services can be extended to small industry on a group or coöperative basis. The initiation of such a program widens the gates through which promotion of adult health can be expanded. The industrial physician is the keystone of this health program.

116 Temple Street.

MEDICAL EPONYM

Laurence-Moon-Biedl Syndrome

The eponym is applied to a symptom-complex described by Solomon Solis-Cohen and Edward Weiss in a paper, "Dystrophia Adiposogenitalis, with Atypical Retinitis Pigmentosa and Mental Deficiency—The Laurence-Biedl Syndrome: A report of four cases in one family," in the *American Journal of Medical Sciences* (169:489-505, 1925), which they thought identical with the conditions described by the authors of the papers here summarized.

In the *Ophthalmic Review* (2:32-41, 1866), John Zachariah Laurence (1830-1874) and Robert C. Moon (1846-1914) published a paper, entitled "Four Cases of 'Retinitis Pigmentosa' Occurring in the Same Family and Accompanied by General Imperfections of Development." A portion of the article follows:

"Marian T., aet. 7, 3 feet 8 inches in height, is a fat, flat-featured, heavy-looking child. . . .

"Scattered over the fundus oculi . . . were several irregular figures of a deep-black color.

"Harry S., aet. 20, is short for his age—measuring only 5 feet 3¼ inches in height. He walks with a slouching, heavy gait, as if he were tipsy.

"The superficial stratus of the choroid is considerably atrophied. . . . A few isolated dark black pigment spots are scattered over the fundi. . . .

"Frederick, aet. 18, measuring 4 feet 6½ inches in height, is a fattish heavy-looking boy. . . . Like his brother, Harry, he walks with a slouching, helpless gait, dragging his legs from the hips.

"Ophthalmoscopic examination showed exactly the same appearance as in Marian's eyes. . . .

"Charles, aet. 15, measures 4 feet 4½ inches. He is dull and inanimate, like the two other youths, and has a slouching gait, but not at all to the same extent as his brothers.

"The ophthalmoscopic description of Harry applies to this boy. . . .

"The height of each patient has been given for the purpose of directing attention to the dwarfish stature of the boys for their age. The organs of generation are also strikingly implicated in the general want of development.

"The arrest of development was by no means confined to the eye, but affected several organs of the body. In this latter point of view, and more especially when we regard the general imperfection of the mental faculties, these patients may in a certain sense be not inaptly compared with cretins in a mild degree."

In the *Deutsche medizinische Wochenschrift* (48:1630, 1922), Arthur Biedl discusses this subject at a meeting of the Prague Society of German Physicians. A portion of the translation follows:

"A brother and sister with adiposogenital dystrophy and a third patient were characterized by absence of any changes in the hypophysis or of any signs of brain tumor or pathologic intracranial pressure and by the presence of congenital malformations (retinits pigmentosa, polydactylism and atresia ani), together with limited cerebral development, shown principally by a peculiar mental torpor. In one case a diminished basal metabolism was demonstrable. . . . This new symptom-complex is to be attributed to a primary underdevelopment of the brain, especially that part of it containing the metabolism center."—R. W. B., in *New England Journal of Medicine.*

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

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OFFICIAL NOTICES

HOUSE OF DELEGATES: CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Forty-third (43rd) Annual Session of the House of Delegates of the California Medical Association*

First Meeting, Tuesday, May 7, 1946, in the Music Room of the Hotel Biltmore, Los Angeles

The First Meeting of the House of Delegates of the California Medical Association at its Seventy-fifth Annual Session was called to order at 4:15 P.M., Tuesday, May 7, 1946 by the speaker, E. Vincent Askey.

SPEAKER ASKEY: Will the House be in order, please? I am going to call for the Chairman of the Credentials Committee, Dr. Joseph M. DeLos Reyes.

DR. JOSEPH M. DELOS REYES, (Chairman, Committee on Credentials): Mr. Speaker, I have in my hand 110 accredited credentials to this convention and this constitutes a quorum.

SPEAKER ASKEY: One hundred and ten constitutes a quorum.

DR. DELOS REYES: I hereby make a motion that the report of this committee be accepted in lieu of roll call of this meeting.

DR. HOFFMAN: I second the motion.

SPEAKER ASKEY: Is there any discussion? If not, all in favor say "aye"; opposed "no". The motion was put to a vote and it was unanimously carried.

SPEAKER ASKEY: The motion is carried and the report of the Chairman, Dr. DeLos Reyes, of the Committee of Credentials will be accepted as the roll call of this session.

At this time the Speaker would like to explain a couple of things in regard to the conduct of the meeting. You will notice there is a small aisle back there, a division between the seats. Delegates will please have the seats in front of that division. Members of the Association who are not delegates will please have chairs back of that division so as to facilitate any voting and recognizing of Members of the House. If you will please assort yourselves now we will appreciate it.

. . . Seating of Delegates and Members. . . .

At this time your Speaker wishes to make the announcement of the committees which your Constitution and By-Laws state shall be made. The committees are as follows:

The Credentials Committee consists of Dr. Joseph M. DeLos Reyes, Chairman, Los Angeles; Dr. George Huff of San Diego was appointed but his nurse called me and he is ill in bed and unable to be present and asked to be excused. In his place I have appointed Dr. Frederick G. Gruber of Santa Monica. The other member of the committee is Dr. V. G. Ghormley of Fresno. That constitutes the Credentials Committee which will report at each meeting.

The Committees of Reference, which consist of three men each, are as follows:

* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

Reference Committee No. 1 which has to do with the Reports of the Officers and Standing Committees and Special Committees of this House, consists of the following members:

G. Dan Delprat, Chairman; Louis J. Regan; H. F. Freidell.

In our program it also states that it is up to this committee to have the assignment of the Reports of the County Societies. This is in error, and your Chairman will apply that to another committee.

Reference Committee No. 2 which has to do with the Reports of the Council and Reports of the Secretary-Treasurer and Executive Secretary, and I am adding to that the Reports of the County Societies, consists of the following members.

E. T. Remmen, Chairman; Brodie Stephens; E. W. Page.

Reference Committee No. 3 which has charge of Resolutions, Amendments to the Constitution or Amendments to the By-Laws, and New and Miscellaneous Business, consists of the following members:

Dwight L. Wilbur, Chairman; C. B. Berne, A. E. Moore.

I want to call the attention of the Members of the House to the fact that these committees will have a great deal of work to do. It is your duty and privilege to appear before these committees and discuss any resolutions which are presented to this House in which you have an interest or on which you have information. It is not only your privilege—it is your duty. I call attention again to the fact that at this First Meeting there will be no discussion in regard to any resolution presented at this time because the rules of the House are that they must lie on the table and be presented twenty-four hours before being acted upon. This does not mean that the Chairman of the Committee reporting may not give any reasons but he may not discuss it with a view of advocacy of it. He may report what reasons his committee had for doing so because that is part of the report.

Now at this time I want to call your attention, since I am talking a little bit and making some announcements, and I will continue to make more announcements and finish it up at this time, to the fact that we have at our meeting today the California Medical Association Delegates from Fraternal Organizations, delegates from other professions who are here as our guests. I wish to introduce those men if they are here.

From the Southern California State Dental Association our guest is Francis J. Conley. Is Dr. Conley here? Apparently he is not here. I am sure he was here this morning and will be at other meetings.

From the California State Bar Association, Mr. Fred G. Reed, of Los Angeles. Mr. Reed is standing.

The second guest is Mr. William W. Vaughn, who I understand is ill. A great many of you men know Mr. Vaughn and we are sorry he cannot be here but we welcome you, Mr. Reed, very much.

The delegate from the California Pharmaceutical Association is Mr. O. V. McCracken of Bellflower. Mr. McCracken is in the back of the House and we welcome you.

The Association of California Hospitals is represented by Mr. Ritz Heerman of Los Angeles. Mr. Heerman! We welcome you.

There is another thing that I would like to call your attention to at this time; in fact there are two things. Some of you people have seen that beautiful Cadillac down in the other part of the building just above the Biltmore Bowl. I am sure you know what it is but I am going to tell you at the request of the Los Angeles County Physicians' Aid Association. This Association, as you know, is dedicated to relieving the plight of old doctors and their widows. We ask that, if you care to, you make a donation to the fund of the old physicians and if you make a donation we will see that you become the possessor of a ticket which might accidentally, if somebody happens to pick it just by chance out of the lot, win you a Cadillac. Remember, this is not a lottery; it is making a donation to this fund and you may by chance find you have a Cadillac. The tickets are available for your use at the registration desk or at other booths if you see fit to avail yourselves of them. No more need be said.

Also, I would like to ask you to buy your tickets for the President's Dinner, which will be held tomorrow night. I am afraid that many of you will not be able to be there unless you get your tickets very promptly so please do that and don't be disappointed because we are going to have a great time with Dr. Philip Gilman.

If these Fraternal Delegates would like to come forward and sit up here we might feel a little bit more capable of doing you honor. We would be happy to have you. If you would rather sit in the back, it is all right with us.

At this time I am going to introduce to you a gentleman of whom we are all proud. Some of you heard him speak this morning and many of you know him very intimately and better than I do. I know him quite well. It is a great pleasure for your Speaker of this House at this time to introduce to you your President, Dr. Philip K. Gilman. Dr. Gilman! (Applause.)

Address of President Philip K. Gilman

Mr. Speaker, Members of the House of Delegates: It is not only my privilege but a great pleasure to welcome you to this, our first full scale meeting since the war. Many of you have recently doffed the uniform of your country in which you did, as was expected, render a notable service. To those of you who were not privileged to serve with the armed forces you did equally a splendid service in meeting the vastly increased demands at home due both to our depleted ranks and the greatly augmented population. To those of you who held the line on the home front, and in addition had time to devote to the affairs of the Association should and will come the thanks of those returning members of the armed services for guarding our Association during the busy war years. By and large the returning members find our profession intact and preserved from the many assaults which confronted it.

This House of Delegates should be, and I am sure is, fully aware of the responsibilities which confront it. Upon the result of your deliberations much depends. You will be asked to make decisions that may well have a lasting effect upon the practice of medicine in California. With these thoughts to influence your deliberations, I am confident each will ponder well and together you will solve that which is best for us all. I thank you. (Applause.)

SPEAKER ASKEY: There is one more announcement which the Speaker neglected to make. Due to a typographical error in the agenda there was no place made in the Meeting of the House of Delegates for New Business and the introduction of resolutions. That was merely a typographical error and it would follow as Number 19. In other words, it follows Old and Unfinished Business, (a) Constitutional Amendments. There will be another number which will be entitled "New Business, Introduction of Resolutions."

With that change, I think our announcements will be at an end.

PRESIDENT GILMAN: Mr. Speaker, at this time I would like to ask you to request the privilege of addressing the House of Delegates by a guest speaker of our Association, Dr. James C. McCann, from Worcester, Massachusetts.

SPEAKER ASKEY: Ladies and Gentlemen of the Session, that requires unanimous consent. This is our Guest Speaker and it would be rather an insult not to hear him. Is there any objection to hearing Dr. McCann at this time? Hearing none, your Speaker grants you the privilege, Dr. Gilman, and the rule will be that it will be in order to hear Dr. McCann. Will you introduce him?

PRESIDENT GILMAN: Dr. McCann, I would like to present you to the House of Delegates of the California Medical Association. (Applause.)

. . . Dr. McCann then read his paper. . . .

SPEAKER ASKEY: I think, Dr. McCann, that the applause shows we made no mistake in giving unanimous consent for you to address us. We appreciate your kindness in speaking to us.

At this time I wish to call your attention to the fact that our resolutions, which will be introduced later, must be presented to the House in triplicate and must be typewritten. We have stenographic service for you so if you have resolutions to present tonight, if you will see the Secretary or the stenographers, they will be triplicated and typewritten for you, so that they may be given to the House in order.

The place of meetings of the Resolutions Committee will be posted and the time of meeting will be announced tonight at the end of the session. At the end of the session this evening I wish that all Members of the Committee would meet at this table so that all instructions that your Chairman may wish to give you will be in your hands.

At this time, Dr. Dwight Murray requested me to grant him the floor. Dr. Murray!

DR. DWIGHT H. MURRAY: Mr. Speaker, Delegates of the House: I wish at this time to ask permission to introduce to you a good friend of yours and mine who would speak to you on a very interesting subject, a subject that is very dear to your heart and for a time not to exceed three minutes:

SPEAKER ASKEY: We require unanimous consent to that. Do I hear any objection?

. . . There were cries of "Who is it?" . . .

DR. MURRAY: The Honorable Charles W. Lyon. (Applause.)

SPEAKER ASKEY: The privilege is granted, Dr. Murray. Will you introduce your guest?

DR. MURRAY: Thank you very much, gentlemen.

For thirty years the best interests of medicine and public health have been guarded in Sacramento by Charles W. Lyon. He has looked after your interests consistently and at all times and he has been the watchdog on the job.

For several sessions he has been the Speaker of the House, or of the Assembly, and during this time he has had opportunity to help us considerably. I say without question of contradiction whatsoever that in the 1945 Session, had it not been for Charlie Lyon leading and helping us in every way in the fight against compulsory health insurance starting in 1947 we would have been practicing medicine under an entirely different system.

Gentlemen, it is with a great deal of pleasure that I present Charles W. Lyon, Speaker of the Assembly.

MR. CHARLES W. LYON (Sacramento): Mr. Chairman, Dr. Murray, and House of Delegates: I consider this a very distinct privilege and pleasure to be able to come before you in the closing hours of your afternoon session. I shan't abridge the time, I assure you, because I know that you have much important business to transact.

I can only say to you that it is my privilege to meet you and know you. Through the years in Sacramento starting in 1915 and down to date, I have had an opportunity of meeting with your representatives there. Whether it be in the old days of Louis Ward as Secretary of the State Medical Society, before you were organized as you are today, or whether it be today when my good friend, Ben Read, comes to us with your message in the interest of proposed legislation, either for or against it, it has been my pleasure through the years to coöperate with you.

In this two or two and one-half minutes that I have I must necessarily not embark upon any extravagant speech with respect to compulsory health insurance or your voluntary plan of having that plan in this State or comment on the previous speaker's very fine remarks concerning the Massachusetts Plan, but I do say to you that America is founded upon individual enterprise and individual effort. All of the "isms" and the different regulations we have today in the Federal Government, not necessarily controlling your activities but controlling the wages of men who work, controlling the principles that influence those who produce and then that control becomes personal and gets down to you and your activities in your chosen field of science and those controls are not Americanism. They are not the things that we would vouch for nor recommend. Since the days of old Rome and the days of the old Roman Empire down to date regimentation in any form has gone hand in hand with poverty, and this government of ours was not founded upon that basis. We are a government founded upon the basis of individual enterprise and that applies to you as scientific men as well as it does to the lowest in the working field. Individual enterprise since those same days and prosperity have gone hand in hand. It is true that we have to recognize the conditions of the times and go ahead with our voluntary plan of medical service in the State of California. We must listen to those advisers who come to us with a message and out of it all try and solve our problems. Now, my time is short.

I have always tried to do the right thing in the interest of ethical medical practice insofar as my knowledge of therapy in this State was concerned, and I am so pleased at the fine response I have had in my personal ambitions to be promoted to a higher place in the Legislative Halls. After thirty years as a floor leader and as a Member of the Senate and Assembly, and now as the Speaker of that body, appointing the Committees to consider these subjects and to do all of these things, is a fine feeling for a man to have that his efforts have been appreciated and that there is a possibility that he will be promoted to a higher place. I think I have outlined that in the time that Dr. Murray has asked you to give me and to you, members of this conference here today, I thank you for your tolerance in allowing me to come to you. I shall always carry on the principles I have espoused here before your convention at this hour. Thank you very, very much. (Applause.)

SPEAKER ASKEY: Mr. Lyon, we are very happy to count you one of us. We are happy to have you here, sir.

We will now go on to the regular run of our business. We still have time this afternoon to accomplish a great deal of work, and, remember, tonight you will be getting sleepy toward the end of the meeting so we should accomplish as much as we can now.

The next is the *Report of the Council*—Philip K. Gilman, Chairman.

DR. PHILIP K. GILMAN: Mr. Speaker, Members of the House: There are two matters to be added to the Report of the Council as printed in the Pre-Convention Bulletin.

Item Number 1: The Academy of Pediatrics, realizing that the responsibility for child care rests primarily in the hands of physicians themselves, have launched the Study of Child Health Services in order first, to gather necessary facts from which well-founded plans can be evolved, and second, to determine the extent and quality of services now available. Thus the physicians, unquestionably the ones who know what constitutes good care

and who for the most part provide that care, have accepted the challenge to develop constructive plans for medical service to children. (See page 405.)

The administration and conduct of the study in each state will be under the direction of the Academy State Chairman, who with the help of one or more full-time Executive Secretaries, will organize the program and correlate all the many activities involved in the survey.

I may say, in a word of explanation of the job about to be undertaken, this communication from the State Chairman, Dr. Crawford Bost was unanimously approved by the Council and is now added to the Report of the Council.

SPEAKER ASKEY: It will be referred to Committee Number 2, with the regular Report of the Council.

DR. GILMAN: The second discussion had by the Council is that there is to be added to that report a resolution.

WHEREAS, The medical profession in the United States is irrevocably opposed to compulsory health insurance and government control of the physician-patient relationship, but the medical profession, however, wholeheartedly supports the national medical care program adopted by the Board of Trustees of the A.M.A.—a program calculated to bring prepaid medical care to the American people on a voluntary free enterprise basis, and

The story of medicine's deeds and acts in the field of prepaid medical care is not being effectively told to the public or Congress, and

If government controlled medicine is to be prevented it is imperative that a united front of all business, agriculture, labor, veterans and other groups and organizations that are in favor of free enterprise and the American system be established immediately, and

The medical profession must take the lead in creating a united front and in the coördination of all such groups and organizations to the end that an effective campaign be prosecuted with vigor, and

It is likewise imperative that action be taken now—tomorrow may be too late. Now, therefore, be it

***Resolved*, (1) That the American Medical Association immediately secure the most competent and experienced legislative representative that can be found to represent the Association at Washington, D. C.—instead of the skeleton set up now sometimes used:**

(2) That such representative be given complete authority and full coöperation, financial and otherwise, in the carrying out of the policies of the American Medical Association, including the establishment of a united front against government controlled medicine:

(3) That the most competent and outstanding public relations counsel that can be found in the United States be employed immediately to bring to the American public the real story of medicine and the cost of medical care.

(4) That the national medical care program adopted by the House of Delegates of the American Medical Association and by the Board of Trustees of the American Medical Association immediately be implemented by sufficient appropriations of funds of the American Medical Association to permit the program to be established by those state medical societies that have not as yet been able to establish prepaid medical care programs and to permit a real nationwide furthering of existing and flourishing prepaid medical care plans.

(5) The foregoing plan of action should replace all of the existing organizations that are endeavoring to do legislative work on a national scale.

SPEAKER ASKEY: It will be referred to Committee No. 2 as a part of the Council's report. With these additions, the full Council Report will be referred to Reference Committee Number 2.

At this time we will hear the *Report of the "Trustees of the California Medical Association"* which will be given by Dr. Philip K. Gilman. Dr. Gilman, please.

DR. GILMAN: There is nothing to add, Mr. Speaker, to the Report as printed in the Pre-Convention Bulletin.

SPEAKER ASKEY: There being no further additions, the Report as printed will be referred to Reference Committee Number 2.

The next is the *Report of the Auditing Committee*, John W. Cline, Chairman.

DR. JOHN W. CLINE: There are no additions to the Report.

SPEAKER ASKEY: There being no additions to the Report, this Report will be referred to Reference Committee Number 1.

The next is the *Report of the Secretary*, George H. Kress.

DR. GEORGE H. KRESS: No additions.

SPEAKER ASKEY: There being no additions, it will be referred to Reference Committee No. 2. It is so referred.

The next is the *Report of the Executive Secretary*, John Hunton.

MR. JOHN HUNTON: There are no additions to the report.

SPEAKER ASKEY: There are no additions. The report as printed will be referred to Reference Committee No. 2, according to the By-Laws.

The *Reports of the County Societies*, as I stated before, are being referred to Reference Committee Number 2.

The next is the *Report of the Editor*. At this time before we take the Report of the Editor, Dr. Kress, I wish to call attention to the fact that printed in the agenda is a statement and it is noticed that there will be a meeting of the California Physicians' Service, Administrative Body at 8:30 tonight. At this time I am calling your attention to the evening meeting at 8:30 which will be a meeting of the Administrative members of the California Physicians' Service and I should remind you that the Administrative Body of the California Physicians' Service consists of all of the Members of the House of Delegates, but in addition it also has some lay members and in order to meet the legal requirements the meeting must occur at the time which was stated, 8:30 tonight. We will then go on with the rest of our program, and as I stated before, the next is the Report of the Editor, Dr. Kress.

DR. GEORGE KRESS: There are no additions.

SPEAKER ASKEY: There being no additions to the Report of the Editor, it is referred to Reference Committee Number 1.

The *Reports of the District Councilors*. Do any of them have anything else to add to their published reports? I hear none and the Reports of the District Councilors are referred to Reference Committee Number 1.

The *Reports of the Councilors-at-large*. Are there any Councilors-at-large who wish to make additions to their reports as published? I hear no request for an addition. The Reports as published are hereby referred to Reference Committee Number 1.

The *Report of our General Counsel* will now be heard. Now our General Counsel, as you know, consists of the firm of Peart, Baraty & Hassard. At this time I would like to introduce Mr. Peart to you. I am not going to allow him to speak because he isn't able to, but I would like to have him take the applause of the audience. (Applause.)

It was at Mr. Peart's request that I asked him not to speak. He would be happy to speak and we would be happy to have him, but due to his throat condition he requested not to speak. He asked me to let his associate Mr. Hassard speak for him. Will you report for your firm, Mr. Hassard?

MR. HASSARD: Mr. Speaker, and Members of the House of Delegates: The Annual Report of the Legal Department is printed in the Pre-Convention Bulletin. New matters have arisen since then, but they are included in other reports that will come before the House. There is lots of work to do and let's proceed with it. (Applause.)

SPEAKER ASKEY: Thank you, Mr. Hassard.

The Report of your General Counsel is hereby referred to Reference Committee Number 1.

We will have the *Reports now of our Standing and Special Committees*. The *Standing Committees* are first.

The *Executive Committee*—John W. Cline, Chairman. Do you have any additions?

DR. CLINE: No additions to report.

SPEAKER ASKEY: There being no additions, the report of the Executive Committee is hereby referred to Reference Committee Number 1.

The *Committee on Associated Societies and Technical Groups*—John V. Barrow. Are there any additions to your report, Doctor? Doctor Barrow, not being here, and I hear no additions, it is referred to Reference Committee Number 1.

The *Committee on Audits*—John W. Cline. Are there any additions?

DR. CLINE: There are no additions to the report.

SPEAKER ASKEY: There being no additions, the report is referred to Reference Committee Number 1.

The *Committee on Health and Public Instruction*—J. C. Geiger. Is Dr. Geiger here? Hearing no additions, the report as printed will be referred to Reference Committee Number 1.

The *Committee on History and Obituaries*—Morton R. Gibbons, Sr. Is there an addition? I hear none, and the report as printed is referred to Reference Committee Number 1.

The *Committee on Hospitals, Dispensaries, and Clinics*—Clarence E. Rees.

DR. REES: No additions to the report.

SPEAKER ASKEY: If there are no additions to the report, the report as printed will be referred to Reference Committee Number 1.

The *Committee on Industrial Practice*—Donald Cass. Are there additions? I hear no additions, so the report as printed will be referred to Reference Committee Number 1.

The *Committee on Medical Defense*—Nelson J. Howard. Are there any additions to the report? If not, it will be referred to Reference Committee Number 1.

The *Committee on Medical Economics*—H. Gordon MacLean.

DR. MACLEAN: No further report.

SPEAKER ASKEY: It is referred to Reference Committee Number 1 as printed.

The *Committee on Medical Education and Medical Institutions*—B. O. Raulston. Are there any additions to the report? I hear none—it is referred to Reference Committee Number 1, as printed.

The *Committee on Organization and Membership*—Carl L. Mulfinger. Is there an addition, Dr. Mulfinger?

DR. MULFINGER: No additions to the report itself.

SPEAKER ASKEY: It is referred to Reference Committee Number 1 as printed.

The *Committee on Postgraduate Activities*—F. E. Clough.

DR. CLOUGH: No additions to the report.

SPEAKER ASKEY: It is referred to Reference Committee Number 1 as printed.

The *Committee on Publications*—George W. Walker.

DR. WALKER: No additions to the report.

SPEAKER ASKEY: No additional report, the report will be referred to Reference Committee Number 1 as printed.

The *Committee on Public Policy and Legislation*—Dwight H. Murray. Dr. Murray!

DR. MURRAY: No additional report.

SPEAKER ASKEY: It is referred to Reference Committee Number 1.

The *Committee on Scientific Work (Annual Session)*—George H. Kress. Dr. Kress!

DR. KRESS: No additional report.

SPEAKER ASKEY: It is referred to Reference Committee Number 1.

The *Cancer Commission*—Lyell C. Kinney. Is there an additional report, Dr. Kinney?

DR. LYELL C. KINNEY: As I said in the report made to the Council yesterday, there is no additional work.

SPEAKER ASKEY: I may say Dr. Kinney has made a remarkable report which you will hear later. The report will be referred to Reference Committee Number 1.

The *Editorial Board*—Albert J. Scholl. Are there any additions? I hear none, the report as printed is referred to Reference Committee Number 1.

We have come now to *Special Committees*, the first being that of the *Special Committee on Prepaid Medical and Hospital Care*—L. R. Chandler. Dr. Chandler, do you have an additional report?

DR. L. R. CHANDLER: I am going to make a report.

SPEAKER ASKEY: Dr. Chandler!

Committee on Prepaid Medical and Hospital Care

L. R. CHANDLER, *Chairman*

Mr. Speaker, and Members of the House: Taking at face value the Speaker's reminder that the Chairman may present a report and as a matter of explanation discuss from the point of view of the committee's action, I would like to go into the Report.

First, this committee met regularly from last summer and finally arrived at this group of recommendations to be considered by you on the basis that 80 per cent or more of the doctors of California should be able to support some kind of a program of voluntary prepaid medical care. The committee appreciates, I know, in all of its deliberations that these specific recommendations are not final but they are recommendations for your consideration and amendments in any way that you choose.

I would like to have you turn to recommendation Number 1.

SPEAKER ASKEY: Dr. Chandler, just a second. For the purpose of aiding the Members, the report is on page 31 of your Annual Sessions Reports, and if you turn to that you may follow Dr. Chandler a little bit easier.

DR. CHANDLER: (1) There should be a service type of benefit for the lower income group, an indemnity type of service or contract or an arrangement for the group above some agreed income level.

I think the committee was unanimous in its feeling that should be done. It is difficult to sell the boys in the back room of organized labor when you can't sell the front office. It is more comprehensive and applies to more people in the State of California and it has an opportunity to be sold to more people. That was the unanimous opinion of the committee.

Likewise, Number 2. That fees paid to physician members for the fee-for-service type of contract for the lower income group should be the only fee paid by the subscriber and the only fee received by the doctor rendering the service for that group. Back of that is a long and very illuminating conference with representatives of four employer groups in California, and those employer groups represented some 3,000,000 employees. Our committee had the impression, in fact a distinct understanding that employers are willing and anxious to pay in one of two or three ways for prepaid medical care for non-industrial illness or accidents, if their low income group employees can choose their own doctors and have only the one fee to pay.

Now Number 3 was the unanimous recommendation, of course, that the method of payment on the open panel, or free choice of physician program be changed from a designation of unit to a scale of dollars. There has been vigorous and bitter complaint about that.

Number 4, that the physician member be entitled to arrange for an additional fee for subscribers whose income is above an agreed upon income level is already in practice in California and it seems to be a reasonable recommendation together with the three previous ones.

Number 5 is that the beneficiary, irrespective of whether he is in the low income group or above that

level, be permitted a free choice of doctor. The committee debated that a long time and in using the words "licensed physician and surgeon" realized that there are osteopathic physicians and surgeons licensed in this State and that some people who might wish to subscribe and do subscribe would choose such a practitioner. That recommendation was given further consideration. I think it would be a fair statement for the Chairman to state that the committee doesn't feel very bitter either way by the inclusion or the exclusion of osteopathic physicians and surgeons, but it gives a broader choice of physicians on the part of the subscriber if he chooses to do it. It is done in some other states.

Number 6, that all physicians receive the same fee according to the fee-for-service schedule.

Now, obviously, there is bad wording there on the part of the committee which will be amended. I am sure, in the Reference Committee. That means that the fees received from C.P.S. should be the same fee according to the fee schedule, if there is to be a fee schedule and that the low income subscriber pays one fee which is a monthly deduction, and the doctor receives a professional fee from the low income group on an agreed fee schedule. Then our committee means what this says, that inclusion means that all physicians rendering services to this low income group receive the fee agreed upon in the fee schedule.

Number 7, means, of course, that the fee schedule should be revised from time to time. Economic changes do occur and our guest speaker this afternoon presented you some figures from Massachusetts. We have available at the committee some figures and reports from Massachusetts, which were rather surprising to some of us, but our recommendation basically is that the fee schedule should be established by the doctors themselves rather than the administrative manager, or even the Administrative Board, and that the doctors themselves should set this fee and that it can be done and should be done. I think a fair statement of the committee's feeling is that the present fee schedule is not bad. It is not particularly out of line except for men in internal medicine or general practice, but the fee schedule and the established method of its administrative problems is within C.P.S. We would like to see some action taken that would create that fee schedule by the doctors outside of the organized administrative body itself.

Now, Number 8, again, is a recommendation that was arrived at after considerable thought and discussion and reviewing of information made available to us. Where should the income level be established that will provide a fee-for-service group and those that are on the cash indemnity basis? The figure reported to you is $2,400.00 annual gross income for an individual without dependents and $3,000.00 annual gross income for individuals with dependents. That was the unanimous recommendation of the committee. Keep in mind at that point the higher the income level is set for the all-inclusive fee-for-service, the more people will buy it. The lower it is set the more pleased the doctors may be, but somewhere between those two extremes the committee was convinced that there is an acceptable level and, if that isn't it, then you establish it in your discussions of it Thursday.

Number 9 is the tough one. May I remind you that with C.P.S. it goes back a long ways. It was obvious that in the beginning it was a complete all-inclusive service and was established for various reasons, not the least of which was an experiment run by doctors to gather information and we got information. It was obvious that medical service must go hand in hand with hospital service and it should be on a state-wide basis.

As you know, there are three hospital service agencies in California, each one a little bit different, each one selling just a little bit different contract. I think the fees are even a little bit different and their managements and organizations are different. It seemed absolutely essential to this committee that medical service and hospital service go hand in hand. Now, if it cannot be arranged by the three hospital service agencies themselves, or between them and the California Hospital Association, or any other arrangement that they wish to make, the committee is of the opinion that the California Physicians' Service should go it alone and sell one package rather than to continue on a divided basis. That is a rather vigorous recommendation but it seems to the committee that something could be done and it should be done, and if it can't be done on a voluntary basis that medical service should go it alone and include hospital service.

Now, Number 10 is a recommendation that we believe is fitting and proper. Without specifically shooting at any particular Board of Trustees or any particular manager of C.P.S., the committee was unable to find a report of a complete or satisfactory survey made by competent surveyors of the present program. It had been studied by many people, but whether or not actuarial experiences and financial, business and operating procedures in the organizations are complete or the best that can be or should be modified, that we were not certain. The committee didn't consider it could proceed to be that judge but there were a number of complaints, many of them based on inadequate information, some of them on misinformation, but without such a survey the committee felt that such a recommendation as Number 10 was in order; that such a survey should be made. If we need changes then we should have them. If we don't need any changes then the fellows who have been complaining their heads off and making suggestions should have an expert advise them that none are needed.

Number 11 is a recommendation that the Board of Trustees be enlarged to fifteen members on the basis that we expect industrial employer groups to become very much interested in this and some of us will be very much surprised if industry itself does not include any prepaid care as an operating expense for all of its employees if something of this kind is the result of this House of Delegates. For that reason the recommendation is made that the Board of Trustees be enlarged to fifteen members, and that is the suggestion, and that these additional places be filled by experienced business administrators and executives from the business world.

Number 12. It is the committee's belief that there has been too much interference by too many people with the business administration of the C.P.S. I am sure that the committee, although I can't recall any exact vote being taken on this particular point, is of the opinion that the C.P.S. organization is the business organization to sell and run medical care. They should have a free hand with the support of the medical profession of the State of California, a free hand to run the details and administration and executive branches of its own organization.

Number 13. The director or directors of the California Physicians' Service, as many of you know, have come in for a good share of roasting. Now in studying the problem, not only C.P.S. and its behavior in California was taken into consideration, but we had available the reviews of twenty-three other state service organizations and it is not clear to the committee whether or not all of the things that medical directors do in California are essential to the conduct of good business; whether they are less than the desired amount, and whether there should be two directors or a half-time director, or no director. We think these activities should be reviewed critically, keeping in mind that California has pioneered this program and that there is in C.P.S. at the present time a medical administrator who has grown up with it and that California in taking the lead may be way out in the lead.

The committee recommends, however, that this question be reviewed without any prejudice in making such a recommendation.

Number 14 is of no great concern; that the term "professional member" be changed to "physician member."

Number 15, we believe, is important. A good part of the half-hearted support and in some instances negative support by the physicians of C.P.S. has been on the basis of inadequate information on the part of the doctors. All the committee recommends is that every effective means be employed to keep the physicians of the State of California informed as to its activities, the financial status, the problems, the service in the office and that sort of business. It cannot be done in the opinion of the committee effectively by any throw-away sheet that is published and mailed around the State. It will have to be done by some method of personal contact within the administration of C.P.S.

Lastly, that the California Medical Association and its individual members, you and I, if we believe in this, continue our sponsorship of the California Physicians' Service and a voluntary system of prepaid medical care, coöperating with the A.M.A. and so forth. You will note that we specifically do not define everything that should be included in the prepaid voluntary, prepaid medical care system, but in its discussions the committee included not only the prepaid free choice of physician represented by C.P.S. but also private insurance companies selling a cash indemnity type of contract or a group contract that may choose to sell prepaid medical care. We avoided including any definition of what the House of Delegates in the State Societies had included but those were our thoughts and those were our discussions.

Mr. Speaker, without reading it in detail, I submit this report as a unanimous report of our committee. (Applause.)

SPEAKER ASKEY: The report of this committee will be referred to Reference Committee Number 1.

The *Committee on Postwar Planning*—Harold A. Fletcher. Is there an additional report? There being no additional report, the report as printed will be referred to Reference Committee Number 1.

The *Committee on California Physicians' Service*—Chester L. Cooley. Is there a report in addition, Dr. Cooley? I hear none; that report as printed will be referred to Reference Committee Number 1.

The *Committee on Delegates to the American Medical Association*—Dwight H. Murray. Is there an additional report, Dr. Murray?

DR. MURRAY: No additional report.

SPEAKER ASKEY: The report as printed will be referred to Reference Committee Number 1.

The report of the *Committee on Physicians' Benevolence*—Axcel E. Anderson.

DR. ANDERSON: No further report.

SPEAKER ASKEY: The report is referred to Reference Committee Number 1.

The *Committee on Participation of the Medical Profession in the War Effort: Procurement and Assignment Service*—Harold A. Fletcher. Is there an additional report? There is none—it is referred to Reference Committee Number 1.

The *Advisory Planning Committee*—John Hunton.

MR. HUNTON: No additional report.

SPEAKER ASKEY: It will be referred to Reference Committee Number 1.

The *Committee on A.M.A. Session in San Francisco, July 1-5, 1946*—John W. Cline.

DR. CLINE: No additional report.

SPEAKER ASKEY: No additional report. That report is printed and it is referred to Reference Committee Number 1.

The *Committee on Local Arrangements—C.M.A. Annual Session*—E. T. Remmen.

DR. REMMEN: No additional report.

SPEAKER ASKEY: That report will be referred to Reference Committee Number 1.

Liaison Representative to California Veterans' Committee—Frank A. MacDonald.

DR. MACDONALD: No additional report.

SPEAKER ASKEY: That will be referred to Reference Committee Number 1.

Advisory Committee to the California Bureau of Vocational Rehabilitation—John W. Cline.

DR. CLINE: After the publication of the report which you will find in the Pre-Convention Bulletin, there was a meeting of the Advisory Committee. I think for just a moment I would like to tell you something of the program of the Vocational Rehabilitation Bureau. The physical restoration program is designed to carry on beyond the crippled children's program. It is primarily to restore to an employable status or to improve the employability of the people who are suffering from physical handicaps. As the federal regulations are drawn, they are so loose and can be so extensive that this program can well become stymied by the back door. It is a program which has very worthy purposes and if it is carefully restricted and carefully supervised it can fulfill an excellent place. It can do a good job to restore as employable certain people who otherwise would be economically unsuccessful and a charge on the community. The program includes the care of people who have static conditions which can be remedied in a period which is considered to be about ninety days, or a reasonable period. It provides only for those people who can be rehabilitated and it also is limited to people who cannot obtain such care by other means. The program, therefore, has not yet become extensive in large urban centers. Los Angeles, San Francisco, Alameda and other counties with large, well organized and well stocked county institutions have carried the brunt of this program in their counties because they were able to care for those people. It is true that the bulk of the applicants under this program are indigent or medically indigent. However, the program as organized and operated up to the present time has shown a tendency in certain places to extend the employment requirements to a point which is inimical to the welfare of the individuals in the practice of medicine. Furthermore, there has been an inconsistent application of the rules and regulations governing the program through the State and there has been a tendency for the lay officers, the rehabilitation officers, to undertake medical decisions in a way that should not be done.

Therefore, the Advisory Committee, meeting with the responsible State officers, made certain definite recommendations to them and the first one was that if the Advisory Committee was to have a function it should advise, and if it were not in a position to advise and have its advice listened to and accepted, it should disband and no longer serve the agency.

The Advisory Committee then went on to make specific recommendations with which I will not bore you but which I think will bring about a certain improvement in the administration of the program and throw certain safeguards about it. I think it is well, however, for the Members of this House to observe the operation of this program in their own community because of the possible hazard that it presents.

SPEAKER ASKEY: The Report of the Committee will be referred to Reference Committee Number 1.

The *Committee on Maternity-Pediatric Plan of Federal Children's Bureau*—Karl L. Schaupp. Is there an additional report? If not, the report is referred to Reference Committee Number 1.

The *Committee to Meet with Representatives of Seventeen Midwestern States*—Philip K. Gilman. Dr. Gilman, is there an additional report?

DR. GILMAN: May I take just a minute? Last June in Denver representatives of California met with representatives of these other states and at that time there was born a new organization, the Conference of State Presidents. The second meeting of that organization was held in Chicago on the Sunday preceding the meeting of the House of Delegates of the American Medical Association. At that time resolutions adopted by that Conference of State Presidents, were submitted to the House of Delegates of the American Medical Association and all of them passed. The next meeting of the Conference of State Presidents will be in San Francisco on Sunday afternoon on the 30th of June, immediately preceding the meeting of the American Medical Association. At that time the President of the Organization, Dr. Andrew Brunk, of Michigan, will preside and all are invited to attend this meeting whether they be presidents or other officers of the State Medical Association.

SPEAKER ASKEY: Dr. Gilman neglected to state that the President-Elect of the Conference of State Presidents is Dr. Philip K. Gilman of our State. He is President-Elect of this new association and he is doing a great work there.

This report will be referred to Reference Committee Number 1.

The *Committee on Adoption Laws—California State Department of Social Welfare*—George H. Kress. Dr. Kress!

DR. KRESS: No additional report.

SPEAKER ASKEY: This Report is referred to Reference Committee Number 1.

The next order of business is Old and Unfinished Business. There was last year placed before this House a Constitutional Amendment which will be found on page 21 of your little program here. I will ask the Secretary to read that and it will be placed before this House for action at this year's session.

DR. KRESS:

Proposed Amendment to C.M.A. Constitution Re: Ex-Officio Members of Council

Be it Resolved, That the first paragraph of Section 1, Article VII, of the Constitution of the California Medical Association be amended to read:

"The Council shall consist of the Councilors, and ex-officio; the President, the President-elect, the Speaker and Vice-Speaker of the House of Delegates, each with all the rights of a Councilor"; and, be it

Resolved, That the first paragraph of Section 4, Article X of the Constitution of the California Medical Association be amended to read:

"The President, President-elect, the Speaker and Vice-Speaker of the House of Delegates shall be ex-officio members of the Council with all the rights of Councilors."

SPEAKER ASKEY: You have heard the Constitutional Amendment which was placed before this House last year. It has been properly published as required by the Constitution and is hereby by reading by the Secretary placed before you for action. It is referred to Committee Number 3.

I may call your attention to the fact that the recommendations of this committee will be heard but no amendment to this amendment may be made because it must be voted exactly as it was published and is presented. The recommendation of the committee may be heard as to what we should do. It is referred to Reference Committee Number 3.

At this time I am going to call attention to the fact that the committees have announced the time of their meeting.

Committee Number 1, Dr. Delprat's Committee, will meet at 10:00 o'clock tomorrow morning in Room 6227. That committee has the report of Dr. Chandler's committee and all of those things in which you are interested.

Reference Committee Number 2, which has the Report of the Council, the Secretary-Treasurer and the Executive Secretary is in room 9204, at 10:00 o'clock tomorrow morning, Wednesday.

Dr. Wilbur's committee which will be the Resolutions Committee and the Constitution and By-Laws Amendments, will meet tomorrow morning at 10:00 o'clock in the Galeria Room opposite the Music Room. Resolutions, I may say at this time, may overlap; in other words, resolutions which may be introduced to this body tonight may overlap in their reference to something which has already been placed before Committee Number 1. If in the view of the Speaker or if in the opinion of the Chairman of Committee Number 3, it does overlap it will be referred to Committee Number 1 or the appropriate place so that consideration should all be in a line; in other words, it would not be good policy to have two committees considering the same problem at the same time.

It is my belief that you gentlemen and ladies need some sustenance and we have before us, for the rest of this meeting, as I told you, the introduction of any resolutions and new business and the meeting of the C.P.S. Administrative Body, so a motion to recess until 8:00 o'clock this evening is now in order at this time.

DR. BRUCK: I move we recess until 8:00 o'clock this evening.

DR. BOYLE: I will second the motion.

SPEAKER ASKEY: It has been moved and seconded that we recess until 8:00 o'clock this evening to reconvene in this room. All those in favor say "aye"; those opposed, "No."

. . . The motion was put to a vote and was unanimously carried. . . .

. . . The meeting recessed at 5:50 P.M. to reconvene at 8:00 o'clock P.M. . . .

Post-Recess Session of First Meeting of House of Delegates

. . . The First Meeting of the House of Delegates resumed at 8:10 P.M. . . .

VICE-SPEAKER ALESEN: The House will come to order.

The House is now open for the reception of resolutions under New Business. In presenting resolutions will the Delegates please give their name distinctly in order that the Secretary may have a record of it and also the name of their county society.

Dr. Carr of San Francisco.

DR. JESSE L. CARR (San Francisco): All of these resolutions emanate from the delegation of the San Francisco Group excepting one which is proposed by Dr. John Cline, and they are, to-wit:

Resolution Number 1:

WHEREAS, A group of California insurance companies have combined together to form a California Health Conference and have, under the name "California Plan" proposed to sell to the public voluntary health insurance contracts on an indemnity basis; and

WHEREAS, the informative literature describing the California Plan does not clearly state the fact that members of the public who may purchase California Plan insurance policies will receive a cash indemnity limited to the amount set forth in a fee schedule, which indemnity may or may not coincide with the attending physician's reasonable charge for his services; and

WHEREAS, The lack of clarity in the explanatory literature of the California Plan on this point can well become a cause of confusion and misunderstanding between physicians and their patients, thus injuring rather than furthering the cause of voluntary health insurance; now, therefore, be it

Resolved, That the California Medical Association is completely in favor of all approved voluntary prepaid

medical care plans, whether on an insurance indemnity basis or medically-owned free choice service basis; and be it

Further Resolved, That all voluntary health insurance plans operated on an indemnity basis, to be approved or supported by this Association must include in all policies or contracts issued and in all advertising and promotional literature clear and understandable statements to the public that the fee schedules upon which cash indemnity is based represent only the indemnification allowed by the Insurance Carrier for the particular service rendered but do not necessarily represent professional charges; and, be it

Further Resolved, That a copy of this resolution be forwarded to the California Health Conference by the Secretary of this Association, in order that the California Health Conference may be fully advised of the position of this Association with respect to voluntary health insurance and insurance indemnities against the cost of medical care.

VICE-SPEAKER ALESEN: That resolution will be referred to Reference Committee Number 3.

DR. CARR:

Resolution Number 2:

WHEREAS, Dr. Dwight Murray as chairman and the legislative committee as a whole, give freely of their own time and energy in the interest of the California Medical Association and whereas members of the California Medical Association and the profession deeply appreciate these efforts; therefore be it

Resolved, That Dr. Murray and his committee be commended for their splendid work during the past year and a vote of confidence be extended the Chairman and the committee for the administration of these affairs. (Applause.)

Resolution Number 3:

From the San Francisco delegation.

Resolved, That the House of Delegates of the California Medical Association hereby urges every member of the Association to become and remain a physician member of California Physicians' Service; and be it further

Resolved, That a copy of this resolution be forwarded to every component county society and be published in every issue of CALIFORNIA AND WESTERN MEDICINE during the ensuing year.

Resolution Number 4:

From the San Francisco delegation.

WHEREAS, The large proportion of the doctors in the State of California are members of California Physicians' Service, and whereas most of the doctors in the State of California appeal to their confreres and contemporaries for medical aid in the case of sickness in their own families, office staffs, *domestic* and *other employees;* and

WHEREAS, These services are always gratuitous and constitute a drain on the attending physician; be it therefore

Resolved, That all members of the California Medical Association be advised to join California Physicians' Service as beneficiary members; and, be it

Further Resolved, That California Physicians' Service extend to these members the same complete coverage as that offered in group policies.

Resolution Number 5:

From the San Francisco delegation.

WHEREAS, The technique of a corneal transplantation in the science of eye surgery, and the use of cartilage implants for plastic repair in plastic surgery have reached a high level of technical attainment; and

WHEREAS, There are now some thousands of wounded veterans residing in veteran hospitals in the State of California and elsewhere, many of whom require plastic surgery, in addition to growing civilian needs, and where operative technique is now at a standstill because of lack of these fundamental materials for their plastic reconstruction; and

WHEREAS, The ultimate restoration of these veterans to normal civilian life may not be completed until such materials are available; be it therefore

Resolved, That the California Medical Association instruct its legislative committee to promote constructive legislation to legalize the willing of either a whole or a part of one's body to a recognized institution for subsequent use of any whole or parts of that body for designated reconstructive purposes.

Mr. Chairman, is it in order at this time to offer an Amendment to the Constitution?

VICE-SPEAKER ALESEN: Amendments may be received but they will lie on the table for one year.

DR. CARR: This Amendment to the Constitution is introduced by Dr. John Cline and not by the San Francisco delegation.

Be It Resolved, That Section 12 of Article X of the California Medical Association is hereby repealed.

VICE-SPEAKER ALESEN: The resolutions submitted by Dr. Carr will be referred to Reference Committee Number 3, and the Constitutional Amendment will, of course, lie on the table for one year.

Are there others, who wish to introduce resolutions at this time?

DR. ERIC A. ROYSTON (Los Angeles):

Resolution Number 6:

WHEREAS, A very large number of the members of the California Medical Association are engaged in the general practice of medicine; and

WHEREAS, These members are desirous of associating themselves more closely together so they may attain a better realization of the importance of their position in the Science of the Healing Art; and

WHEREAS, There already is in the Los Angeles County Medical Association a well functioning section on general practice; and

WHEREAS, The American Medical Association has already recognized the status of its members engaged in the general practice of medicine by establishing in the A.M.A. a section on general practice; therefore be it

Resolved, That the California Medical Association, through its House of Delegates, authorize the formation in the C.M.A. of a section on general practice; and further be it

Resolved, That arrangements be made at this session of the C.M.A. for the election of the officers necessary to the proper functioning of this newly formed section.

VICE-SPEAKER ALESEN: This resolution will be referred to Reference Committee Number 3.

Dr. William Benbow Thompson!

DR. WILLIAM BENBOW THOMPSON (Los Angeles County):

This is an amendment to the Constitution proposed by the Los Angeles delegation.

Resolution Number 7:

WHEREAS, The California Medical Association is now in a sound financial position having liquid assets in excess of $400,000; and

WHEREAS, The acquisition of large sums of money by the State Association may lead to loss of its status as a non-profit corporation, particularly if the Association participates in political campaigns or in attempts to influence legislation; and

WHEREAS, The accumulation of great wealth by the California Medical Association will inevitably lead to the submergence and loss of independence and authority by the component county associations, just as the states of the Union have lost prestige and authority as the wealth of the Federal Government has increased; and

WHEREAS, It is obvious that as state dues increase there must be a proportionate reduction in county dues, thereby hampering and crippling important activities of the County Associations, which are the vital foundation of organized medicine; and

WHEREAS, The high state dues of the past year caused a material number of members to terminate their membership because of inability to pay such dues, and many others have signified their inability or unwillingness to pay similar dues next year; therefore be it

Resolved, That it be the policy of the House of Delegates to fix annual dues at not more than $35.00 unless higher dues have been approved by a referendum vote of the members of the California Medical Association.

VICE-SPEAKER ALESEN: This Constitutional Amendment will lie upon the table for one year and will be published in CALIFORNIA AND WESTERN MEDICINE.

Dr. DeLos Reyes!

DR. JOSEPH M. DELOS REYES: I am presenting this resolution in behalf of some of the members of the Los Angeles County Medical Association.

Resolution Number 8:

WHEREAS, The large number of enlisted personnel who have been discharged from the medical corps of the Army and the Navy, it is timely and advantageous both to the medical profession itself and as a public service to the discharged enlisted men and women to begin an active program for utilization of this pool of potential medical students, laboratory technicians and assistants in hospitals and in the private practice of medicine; and

WHEREAS, Time is of the essence in this problem, we should begin an active program for the development of the less spectacular, but, nevertheless, highly important members of our medical team in order to provide the personnel necessary for the carrying on of the tremendous problem of increased medical care which present trends in preventive medicine and socio-politico economic movements are presenting to us as a medical profession and to which the general public is being educated to expect and to demand; be it

Resolved, That the Committee of Postgraduate Education, working with the various medical schools, develop a program to provide assistance, encouragement and advice furthering the placement of this type of personnel in colleges, hospitals or laboratories where they may complete their training and education to the best of their ability and capacity.

VICE-SPEAKER ALESEN: This will be referred to Reference Committee Number 3.

DR. WILLIAM M. MAKAROFF (Sonoma County):

Resolution Number 9:

WHEREAS, Facilities for postgraduate medical studies are at the present time mainly limited to regular staff appointments on already crowded teaching hospitals and require appointments for from one to several years in the fulfillment of requirements for specialized training; and

WHEREAS, A great many of the doctors returning from service in the Armed Forces are unable, either because of financial limitations or because of time already lost from active practice, and feel it is impracticable to devote long periods of postgraduate study; and

WHEREAS, The burden of practice on a great many physicians who have remained engaged in active civilian practice in our State during the war period have been unable to devote appreciable time to postgraduate study; and

WHEREAS, It is felt that an added impetus to furthering the improvement in the quality of medical practice in our State by assisting the individual physicians in improving their general and specific knowledge and training in both general and special fields of interest; be it

Resolved, That the Committee on Postgraduate Education and Scientific Development begin active planning toward the establishment of facilities whereby continuous course in medicine, surgery and their related specialties consisting of instruction and hospital training in designated hospitals in the larger metropolitan centers. It is suggested that hospitals be selected which are not already engaged in active organized medical training, but which have well organized medical staffs and facilities, who, working together with the already functioning medical schools in the State, may give courses of instruction, assisted by the faculties of the medical schools, ranging from two weeks to three months period for the individual postgraduate student. And that costs of said organization to be jointly shared by tuition charges, funds allocated by the C.M.A. and funds which may be provided from the various medical schools, medical alumni organizations and/or individuals.

I am sorry now, gentlemen, that the hour of 8:30 has arrived. This organization will recess to be taken over by the meeting of the Administrative Members under the chairmanship of Dr. Lowell S. Goin. The meeting stands recessed until the completion of the meeting of the California Physicians' Service at which time you will be called to order by your Speaker, Dr. Askey.

. . . After 8:30 P.M. the meeting of the House of Delegates recessed. . . .

(The House of Delegates, together with elected Administrative Members, then sat as the Administrative Members of California Physicians' Service. Minutes of this meeting will appear in the next issue of this publication.)

* * *

Post-Recess Meeting of C.M.A. House of Delegates

. . . The House of Delegates reconvened at 8:50 P.M. . .

SPEAKER ASKEY: We are now out of recess and in session as the House of Delegates of the California Medical Association.

Dr. Keiper, if you wish to present a resolution to the House of Delegates it is now in order and I will give you the floor, sir.

DR. GEORGE KEIPER (Tulare County): Referring to the Report of the Committee on Prepaid Medical and Hospital Care of March 31, 1946, specifically with reference to page 3 recommendation 5 follows:

Resolution Number 10:

That the beneficiary members be free to choose any licensed physician and surgeon which includes an osteopathic physician and surgeon and that C.P.S. make payment to any physician chosen by the beneficiary whether or not such physician is a physician member of C.P.S.; now

WHEREAS, Such inclusion of osteopathic physicians and surgeons is distinctly objectionable from an ethical standpoint both as to training and licensing; and,

WHEREAS, Osteopathic physicians and surgeons have repeatedly attempted equal rights and privileges in the practice of medicine; and

WHEREAS, Those privileges are now denied in standard medical approved hospitals; and

WHEREAS, Most small communities do not now have sufficient hospital beds for regular practitioner patients; therefore, be it

Resolved, By unanimous vote, the Tulare County Medical Society presents the following resolution:

Resolved, That the Tulare County Medical Society protests the inclusion of osteopathic physicians and surgeons in any program sponsored by C.P.S.

SPEAKER ASKEY: The resolution is referred to Reference Committee Number 1, inasmuch as it refers to part of the Report of Doctor Chandler's Committee which was referred to Committee Number 1.

At this time I am going to give Dr. Goin the floor.

DR. GOIN: Mr. Speaker, thank you.

I speak now as an Administrative Member of C.P.S. Again, I have made an error. I named Dr. Robert S. Stone as Chairman of the Resolutions Committee, but he not being an Administrative Member of C.P.S. is not eligible to serve. In his place I should like to ask Dr. J. Marion Read to serve as a member of that Committee.

DR. C. MAX ANDERSON (Los Angeles):

Resolution Number 11:

WHEREAS, Dr. George Henry Kress, secretary of the California Medical Association and Editor of its Journal, CALIFORNIA AND WESTERN MEDICINE, is laying down, at the close of this annual session, the burdens which he has carried so long and so faithfully, and

WHEREAS, Dr. Kress has served the medical profession of the County of Los Angeles and of the State of California for forty-two years as county secretary and president, as state president and secretary, as vice-president of the American Medical Association, as the able editor of the *Southern California Practitioner* and of CALIFORNIA AND WESTERN MEDICINE, as a teacher and practitioner of medicine, as Dean of the Medical Department of the University of California, and in innumerable other positions, and

WHEREAS, In every capacity in which he has been called upon to serve, whether humble or exalted, he has done so with a full measure of devotion, enthusiasm and attention to duty which has rarely been equaled and never exceeded, all of which he has done with complete disregard for time, fatigue, and his own personal welfare through his great science and for those who seek to further it, his colleagues; therefore be it

Resolved, That this House of Delegates, representing the several thousand members of the California Medical Association, who, if present would heartily concur, do hereby express our deep affection for Doctor Kress, our admiration for his work and accomplishments, our deep gratitude for his lifetime of service to us, and our hope that he may enjoy many more years of good health in which to complete the historical work which he is undertaking for our Association; and, be it further

Resolved, That the Council be directed to prepare an appropriate plaque, bearing suitable sentiments, to be presented to Doctor Kress as a small token of our esteem, and that Doctor Kress be designated Editor Emeritus.

VICE-SPEAKER ALESEN: The resolution will be referred to Reference Committee Number 3.

SPEAKER ASKEY: Dr. William L. Bender!

DR. WILLIAM BENDER (San Francisco):

Resolution Number 12:

WHEREAS, Special services and skills are nearly adequately compensated in established fee schedules of most voluntary prepaid medical plans; and

WHEREAS, It is universally agreed that fees paid under similar plans to internists for special services are wholly inadequate; and

WHEREAS, Increasing numbers of people are and will be receiving medical care under such plans, and

WHEREAS, The net effect of these factors has become a critical problem recognized by the California Society of Internal Medicine; now, therefore be it

Resolved, That the House of Delegates of the California Medical Association approve the principle that charges for such special services of internists shall be increased to a level already apportioned to physicians in other specialties.

SPEAKER ASKEY: It will be referred to Reference Committee Number 3. Dr. Bruck!

DR. EDWIN L. BRUCK (San Francisco): I have two resolutions to present, Mr. Speaker. As to the first one, I would like to lay a little background if I may.

The committee from a conference between the Pharmacists of California and representatives of the American Pharmaceutical Association regarding an order which has just come out from the Commissioner of Food and Drugs, Federal Security Agency, learned that this order would make it mandatory for the prescription package to carry on its label that which would designate the amount and names of the various ingredients of the prescription which would be given to the patient and then he is given the prescription to take on home and take the medication.

The Pharmacists feel that this is a great danger and in the conference with these gentlemen today the committee appointed by the Council drafted the following resolution.

Resolution Number 13:

WHEREAS, The Commissioner of the Foods and Drugs Division of the Federal Security Agency has recently issued order TC 6 A which provides that drugs and/or pharmaceutical preparations which carry a warning label on the manufacturers package, must have this same warning label affixed to the package dispersed by the pharmacist on prescription of a licensed physician; and

WHEREAS, The fixing of such a warning label on the package prescribed by the physician and dispersed by the pharmacist will cause suspicion and distrust by the patient of both the physician and the pharmacist; and

WHEREAS, Such loss of confidence on the part of the patient will generally destroy in whole or in part the value of the treatment prescribed, and

WHEREAS, The physician by training and knowledge is capable of correctly prescribing drugs even though they may have such a manufacturers warning label attached to them; therefore be it

Resolved, That the House of Delegates of the C.M.A. communicate with the Commission of Drugs of the Food and Drug Administration, protesting this action and requesting that ruling TC 6 A be withdrawn; and be it

Further Resolved, That our representative in Washington, D. C., be requested to urge the withdrawal of order TC 6 A; and be it

Further Resolved, That a copy of this resolution be forwarded to the American Pharmaceutical Association, with the request that they too continue to urge the withdrawal of order TC 6 A.

SPEAKER ASKEY: It will be referred to Reference Committee Number 3.

DR. BRUCK: The second resolution, I believe, I hardly have to read.

Resolution Number 14:

WHEREAS, The activities of the editor of the A.M.A. have created in the minds of the public and members of Congress the impression that he is the official spokesman for American Medicine and the A.M.A.; and

WHEREAS, The activities of the editor have been detrimental rather than beneficial in the field of public relations and efforts to safeguard the medical profession from dangerous and destructive legislation; now, therefore, be it

Resolved, That the members of the House of Delegates of the A.M.A. from the C.M.A. be directed to introduce and strive for the passage of the following resolution.

Resolved, That the Board of Trustees of the American Medical Association be directed by the House of Delegates of the American Medical Association to restrict the activities of the editor solely to those of editor; and, be it

Further Resolved, That the Trustees be requested to require that the editor refrain from appearing in public and at legislative hearings as a representative of the American Medical Association; and, be it

Further Resolved, That the Board of Trustees require that the editor devote his entire time to the publications of the American Medical Association and not engage in outside employment or activities for personal financial gain. (Applause.)

SPEAKER ASKEY: That will be referred to Reference Committee Number 3.

DR. C. KELLY CANELO (Santa Clara County): I have the following resolution to present.

Resolution Number 15:

Be It Resolved, That Members of the California Medical Association shall not become or remain associated or identified with any corporation, organization, group, or individual, medical or lay, which either

(1) Resorts to or makes use of direct advertising to the public for business of a medical or therapeutic nature, or

(2) Engages directly or indirectly in or is in any manner connected with the diagnosis, care or treatment of the sick or injured, the maintenance of health or the prevention of disease, unless such corporation, organization, group or individual, and the terms of such association have been approved by action of the council of the California Medical Association. The council in determining the propriety of such association shall apply the principles of medical ethics as laid down by the California Medical Association and American Medical Association.

SPEAKER ASKEY: It will be referred to Reference Committee Number 3.

DR. CHARLES GALLIGAN (Monterey County):

Resolution Number 16:

WHEREAS, There have been many cases of death in which coroners have signed the death certificate without sufficient information as to the cause of death; and

WHEREAS, Section 10400 of the Health and Safety Code of the State of California reads as follows:

The Medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased except in the following cases:

(A) Where the attending physician is unable to state the cause of death.

(B) Where a person has been killed or has committed suicide.

(C) Where death is the result of an accident.

(D) Where an injury is a contributing cause of death.

(E) Where the death occurred under such circumstances to afford a reasonable ground to suspect that it was caused by the criminal act of another, and

WHEREAS, Section 10425 of the Health and Safety Code specifies the duties of the coroner reads as follows:

The certificate of death shall be made by the coroner in case of any death occurring under any of the following circumstances:

(A) Without medical attendance.

(B) During the continued absence of the attending physician.

(C) Where the attending physician is unable to state the cause of death.

(D) Where the deceased person was killed or committed suicide.

(E) Where the deceased person died as the result of an accident.

(F) Under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another; and

WHEREAS, No place in the Health and Safety Code, including section 10425 to 10429, does it specifically direct the coroner to perform an autopsy, if the physician is unable to sign the death certificate and coroners many times have been loath to order autopsy in such cases which did not appear to have involved any criminal action, and

WHEREAS, Coroners feel that in doing such autopsies without specific authorization in the law, they may be liable for suit; and

WHEREAS, This practice gives false information in vital statistics and does not improve and assist in the development of better medical practice; now, therefore, be it

Resolved, That the House of Delegates of the California Medical Association in session instruct its legislative committee to introduce legislation, amending the above mentioned sections of the California Health and Safety Code and in particular the duties mentioned in Section 10425 to make it mandatory that an autopsy be ordered by the coroner before said coroner makes such certificate under the provisions of this section and under the provisions of the above mentioned Section 10400, of the said code, wherein physicians are not to sign death certificates.

SPEAKER ASKEY: The resolution will be referred to Reference Committee Number 3.

DR. CHARLES GALLIGAN:

Resolution Number 17:

WHEREAS, The coroner system in the State of California has long been obsolete, unsatisfactory and inefficient; and

WHEREAS, Monterey County, as well as most of the other counties in the State, has had numerous difficulties in the prosecution of the law and the efficient compilation of vital statistics; and

WHEREAS, Proper coördination of coroner and the individual and collective doctors of medicine is impractical in many instances and impossible in others; and

WHEREAS, The California Medical Association is desirous of promoting the highest possible medical standards; now, therefore, be it

Resolved, That the House of Delegates of the California Medical Association in session, instruct its legislative committee to introduce, or cause to be introduced, legislation in the California State Legislature abolishing the coroner system and substituting in its place a medical examiner system in which the examiner must be a qualified doctor of medicine; be it

Further Resolved, That the legislative committee of the California Medical Association be instructed to re-introduce and continue to work for such legislation in each legislative session until the aims of the C.M.A. have been realized.

SPEAKER ASKEY: It will be referred to Reference Committee Number 3.

DR. DELL T. LUNDQUIST (Santa Clara County): There is one other perennial resolution. The last time it was presented I think it was probably the shortest resolution in the record. This time I have sketched in a little more of the background but I will try not to worry you too much. I have left out a lot of the "Whereases."

MEDICAL RELATIONS—RETROSPECT AND PROSPECT

A man with insight has pointed out in connection with the atomic bomb controversy that security of secrecy is weak as compared with security of achievement.

The proprietor in the successful creamery based on the "extra scoop of ice cream in the milk shake" was conducting a business based on the security of hard work which his less daring competitors found hard to meet. From the dawn of recorded history medicine has stood in the forefront of those striving for security of achievement. The earliest known written document (called by the name of Edwin Smith who bought it from the Egyptians) a papyrus copy made some 1800 B.C. from an original of perhaps 3000 B.C., deals amid an overlay of superstitution and incantation, with some sound scientific observations and insight. Even in those remote days of the pyramids was being laid the foundation structure of medicine's security of achievement.

However, as has always been the case in history, men have attempted to set up rules under which the game is to be played, although it is the spirit behind the rules and the men who play the game or seek to evade the rules that really matter. The Code of Hammurabi, imprinted on tablets of clay contained references to the "rules of the game" in the crude medical practice of its days. The Greek precepts attributed to Hippocrates and the Semitic prayer of Maimonides were steps toward the perfect light.

The commercialized practices of some of the early European "barber surgeons" and the secrecy surrounding the origin and exploitation of the obstetrical forceps are examples of what we can well avoid in medicine if we are to remain "above the common herd" as the beloved R.L.S. so fondly characterized the medical profession in general.

These preliminary remarks are intended as background to the story of the repeated efforts of this delegate to secure interest of the medical profession in recodifying the code of ethics, starting with the Santa Clara County Medical Society in 1935 and through it repeatedly to the State Society, and by direction of the latter even to the House of Delegates of the A.M.A.

Historically, the A.M.A. code of ethics is an admirable document. Its general principles are undying and adaptable to many diverse circumstances. However, the interpretation of it needs clarification.

Just a few examples:

1. *Press, Radio, Cinema, Television, Etc.:* What are the ethics of appearance of members of our profession under such circumstances as surround these modern methods of education and propaganda?

2. *Medical Copyright, Patents, Etc.:* Shall the tradition of no secrecy of remedies be restricted or extended? What of members of the profession under domination of commercial pharmacy? Is there one principle fostering copyright of medical ideas and another opposing patent of medical appliances and materials? Are universities and foundations above rules?

3. *Contract Practice:* Under what conditions is it allowable? The American College of Surgeons might well investigate the extent of fee splitting under the guise of contract and *group* practice.

4. *Alleged Malpractice and Other Legalities:* What are the rules down to date on appearance of "expert witnesses" in court?

What is etiquette in seeing a patient formerly treated by another physician?

These are just selected examples (a list might be extended) of points that need clarification and modernization. As Dr. Lowell S. Goin has pointed out, what we need is a case book, borrowing a principle from our legal friends. We, however, need to avoid the characterization often applied to that learned profession, namely interest only in the past and disinterest in the future. If we are to maintain the liberal tradition of freedom, and avoid entanglement in cartels and monopolies both private and governmental, we need to refresh our vision by looking to our illustrious past, face our not inconsequential mistakes as well, and turn toward a future which we hope will be bright.

Let us with due humility offer to the world, perhaps even internationally, an example of the free and open security of achievement—a middle road between the secrecy and totalitarianism of both cartels and communism in their struggle for exclusive domination.

Let us in our deliberations and external relations be an example of free covenants openly negotiated. May our collective bargaining not be "in restraint of trade," but in the truly liberal tradition.

So much for the "whereases":

Resolution Number 18:

Now, therefore, be it Resolved, That this Association reaffirm its previous action taken or rather words without action (taken on behest of this delegate) and instruct its appropriate officers to resurrect from the archives the previous reports and breathe the breath of life into a code on a statewide basis, even if the A.M.A. will not do so. Our largest two county societies have already made noteworthy steps toward meeting this need for themselves—but statewide action is urgent; and be it

Further Resolved, That the essence of this resolution again be offered to the House of Delegates of the A.M.A.

SPEAKER ASKEY: It will be referred to Reference Committee Number 3.

DR. RICHARD O. BULLIS (Los Angeles County):

Resolution Number 19:

WHEREAS, The rapid growth of the California Medical Association makes it increasingly difficult to secure adequate meeting places and hotel accommodations at annual sessions with the result that many members are discouraged from attending the annual sessions; and

WHEREAS, The presence of a maximum number of members is needed if fraternal relations between members and the best interests of scientific and organized medicine and of the public health are to be furthered to the utmost; therefore be it

Resolved, That the Council be instructed to consider the advisability of arranging regional scientific and economic meetings or conferences of perhaps two days duration, annually or semi-annually; and be it

Further Resolved, That the Council consider the advisability of having at such mid-year conferences a meeting of the president and secretaries of component county associations within the area of each regional conference, so that matters of organization and related problems of the profession may be considered.

SPEAKER ASKEY: It will be referred to Reference Committee Number 3.

Are there any further resolutions?

DR. WILBUR BAILEY (Los Angeles County): I have two resolutions.

Resolution Number 20:

WHEREAS, Plans are under consideration to pension or to make pension plans for members of the central office of the C.M.A., and whereas such plans are laudable and worthy in motive; but

WHEREAS, Such plans require the spending of monies which we as delegates have been elected to husband; and

WHEREAS, Considerable reduplication in the future may occur as Social Security benefits are expanded; and

WHEREAS, Probably none of us as individuals have pension plans for our employees; and

WHEREAS, To favor pension plans for the C.M.A. would, therefore, savor of the good old American custom of letting the Federal Government spend money which we would not ourselves spend, or to put it differently we would not be acting the same way as a group that we would as individuals; now, therefore, be it

Resolved, That the custom which the Securities and Exchange Commission requires of corporations be followed by the C.M.A.

i.e., if the pension plan or plans be favored by the House of Delegates, that such plans be further submitted in a referendum to the membership in order that a vote on each main problem may be cast by each member.

SPEAKER ASKEY: The resolution will be referred to Reference Committee Number 3.

DR. BAILEY: This is largely a matter of information.

Resolution Number 21:

WHEREAS, The chiropractors have recently made plans to spend thirty to fifty thousand dollars in the hope of passing an Initiative Measure entitled "Treatment of the Sick and Disabled," and whereas the Attorney General has summarized this initiative as follows:

"Permits treatment of the sick and disabled by system of naturopathy. System to include, among other methods, electrotherapy, herbs, glands, biochemistry, minor surgery, bone setting, and obstetrics. Creates board to license and regulate practice of, and add new methods to the system. Provides persons having previously practiced one or more branches of the system under license shall be licensed without examination. Provides those licensed to practice may use title 'Naturopathic Physician' or 'Doctor of Naturopathy,' or 'N.D.' Establishes educational requirements, subject to change by board. Provides penalties for practicing without license." and

WHEREAS, The literature is being circulated with these petitions for an initiative which reads as follows:

"THE NATUROPATHIC ACT"

"1. Establishes new and stricter standards for the treatment of the sick and disabled in California.

"2. Is specifically designed for the care, treatment and rehabilitation of returning war veterans.

"3. It requires more educational and medical training as follows:

"(a) Graduation from high school.

"(b) One college year of physics, chemistry, biology and zoölogy.

"(c) Four years study and graduation from Naturopathic School.

"4. Establishes a state board to examine, license, control, regulate and discipline all physicians practicing under the Act.

"Examples of naturopathy treatments:

"(1) The Sister Kenny method of treating infantile paralysis by hydrotherapy and exercise.

"(2) Electrotherapy, herbs, chiropractic, etc.

"5. Present state laws permit chiropractors and osteopaths to deliver babies and perform other minor surgery (example—lancing boils, binding cuts).

"The Naturopathic Act gives the state stronger control over such matters and sets up higher medical standards.

"The Act is endorsed by war veterans and union workers.

"The Act here proposed is based on the Naturopathic Act of the District of Columbia, enacted by the Congress of the United States, which enacts all the laws for the District of Columbia"; and

WHEREAS, No thinking person would be led astray by such reasoning, but others might be, now, therefore, be it

Resolved, That the C.M.A. and its affiliates make every effort to acquaint the public at the appropriate time of the actual nature of these attempts to sabotage the present standards of medical practice.

(Applause.)

SPEAKER ASKEY: It will be referred to Reference Committee Number 3.

I understand petitions are now on the street.

Are there any further resolutions? Remember, this is the last chance you will have to introduce a resolution into this House without unanimous consent of the House. If you have a resolution for this session of the House it must be introduced tonight without fail.

DR. J. FRANK DOUGHTY (San Joaquin County):

Resolution Number 22:

WHEREAS, Many government agencies do business with the medical profession, and

WHEREAS, Such agencies establish their own fee schedules without any correlation or consideration, therefore be it

Resolved, That a comprehensive fee schedule be drawn up by the committee of the C.M.A., appointed by the Council, and such schedule for services be established for dealing with all government agencies.

SPEAKER ASKEY: It will be referred to Reference Committee Number 3. Are there any further resolutions to be placed before this House? I don't want to close anybody off now. If you have resolutions, now is the time. If not, Dr. Dwight Murray has asked for the floor. Dr. Murray!

DR. DWIGHT MURRAY: Mr. Speaker, Members of the House of Delegates: There was a certain election of the House of Delegates of the California Medical Association and as the result of that election, I should say, it is necessary for me to tender my resignation as a Delegate to the A.M.A. I do so, Mr. Speaker, with regret.

SPEAKER ASKEY: Dr. Murray, the Speaker would like to explain the reason for that. Dr. Murray, was last year, as you remember, elected Trustee of the American Medical Association. To a great many of us and all of you, I am sure, that was a wonderful thing because we

know what Dr. Murray has done for medicine. We know that with a man of this character and type on the Board of Trustees of the American Medical Association that we are standing in quite a good position. By reason of the fact that he is a Trustee he is a member of the House of Delegates of the American Medical Association and, therefore, by his resignation as your Delegate we may elect another one and have two there instead. So a motion to accept Dr. Murray's resignation as of this date will be in order which will allow us at the next session Thursday night to elect a successor. Do I hear such a motion?

DR. KENNETH D. GARDNER (San Francisco): I so move.

DR. MOODY: I will second the motion.

SPEAKER ASKEY: Is there any discussion on the motion? If not, all in favor of the acceptance of the resignation of Dr. Murray as Delegate to the American Medical Association say "aye"; opposed "no."

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is carried. Your resignation is accepted. Your position is open for filling at the next session of the House.

At this time I would like to have a motion made that the President, the Secretary and the Speaker, be appointed a committee to edit and prepare the Minutes of this session. Do I hear such a motion?

DR. BRUCK: I so move.

DR. DEWEY: I will second the motion.

. . . There being no discussion on the motion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: Is there any further business to come before this House?

If not, an adjournment will be in order to adjourn to 3:30 Thursday.

The Secretary calls attention to the fact that all members of the Reference Committees will please meet at this table immediately after the adjournment of this session of the House. I think you all have the numbers of the rooms in which the committees will meet. They will be on the bulletin board and if you wish to find them, you will find them there. We want you to appear at these meetings and it is your duty to so appear.

Is there a motion to adjourn this meeting? The next meeting will be at 3:30 Thursday afternoon.

DR. MCCLENDON: I so move.

DR. KNEESHAW: I will second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: We are adjourned.

. . . The session adjourned at 9:45 P.M. . . .

Second Meeting of the C.M.A. House of Delegates Thursday Afternoon, May 9, 1946

The Second Meeting of the House of Delegates of the California Medical Association, Seventy-fifth Annual Session of the Association and Forty-third Annual Session of the House of Delegates was held in the Music Room of the Biltmore Hotel, Los Angeles, California, May 9, 1946. The meeting was called to order at 3:40 P.M. by Dr. E. Vincent Askey, Speaker of the House of Delegates.

SPEAKER ASKEY: The House will be in order, please.

Will the Delegates please take their seats? We wish to start as we have a lot of business to attend to today. The Chair will again call attention to the fact that we wish Delegates to be seated ahead of the middle aisle. Those who are not regularly seated as Delegates will please sit back of the aisle. The reason is not that we don't want you handsome fellows up here, but the Chair will become befuddled sometime in a vote if I attempt to pick out those that are entitled to vote and those that are not, so the Delegates who are to be seated will please sit in front of the middle aisle and the others in the back.

At this time the Speaker will recognize the Chairman of the Credentials Committee to see if there is a quorum present. Dr. DeLos Reyes.

DR. DELOS REYES: Mr. Speaker, I have in my hand the credentials of seventy-five members of the Convention and that constitutes a quorum.

SPEAKER ASKEY: Thank you, Doctor. The Chairman of the Committee reports a quorum present. The House will be in session.

At this time we will have the roll call and in order to seat all the Delegates, will the Secretaries proceed with the roll call and the Speaker will call attention again to the procedure of this House. That is that each Delegate, when the roll of Delegates will be called, if there is an unfilled seat by the absence of any Delegate, then the roll of Alternates will be called and the Alternates may be seated in a specific Delegate's seat. If there are insufficient Alternates present and there are still vacancies, the members of that county may be seated with the concurrence of the House or any empty or absent Delegate or Alternate. I hope you understand it, if not, questions will be in order.

Dr. Kress, will you call the roll?

Roll Call

. . . During the calling of the Roll, the Vice-Speaker assumed the chair. . . .

VICE-SPEAKER ALESEN: If there are any changes they can be made later on and this will constitute the House of Delegates. The Speaker now declares the House to be convened, and in session.

. . . Speaker Askey assumed the Chair. . . .

SPEAKER ASKEY: Thank you, Mr. Vice-Speaker.

At this time the Secretary wishes to make an announcement in regard to the Council's recommendation for the annual 1947 session.

SECRETARY KRESS: Mr. Speaker, you may announce the matter is suspended for further consideration.

SPEAKER ASKEY: The Speaker recognizes Dr. Kress who states that the Council has recommended that it be taken up at a future time because as yet we have not been able to find a place to meet. You will be notified by the Council at a very early date, as soon as arrangements can be made in regard to the 1947 session.

Election of Officers

SPEAKER ASKEY: The next regular order of business is the Election of our officers for the next year.

Election of Present-Elect

DR. L. R. CHANDLER: I would like to place in nomination for *President-Elect,* Dr. John Cline of San Francisco.

I don't know anyone that I would rather see receive the recognition of the medical profession by making that person their President, or President-elect than Dr. Cline. Most of you know him personally. He has devoted himself enthusiastically without prejudice or bias and he wears no man's collar, for the good of the medical profession. He has served two terms as Councilor. He has the confidence and support of everyone that has worked with him and this is a unanimous nomination from the Delegation from San Francisco. Thank you very much. (Applause.)

SPEAKER ASKEY: Dr. Cline of San Francisco has been nominated as President-elect. Are there other nominations?

A MEMBER: I move the nominations be closed and that the Secretary be instructed to cast a unanimous ballot for Dr. Cline.

. . . The motion was seconded. . . .

SPEAKER ASKEY: Such a motion requires unanimous consent. I hear no more nominations, so we will vote on the motion.

. . . A vote was taken on the motion and it was unanimously carried. . . .

SPEAKER ASKEY: Dr. Cline is elected your President-elect. Dr. Cline! (Applause.)

The next office is that of your *Speaker*. Are there nominations for the office of *Speaker of the House of Delegates?*

DR. T. D. CARUSO (Los Angeles): Mr. Speaker, Members of the House of Delegates: I am sure that the man whom I will propose as Speaker of the House of Delegates requires no introduction. At this time I would like to propose Dr. E. Vincent Askey to succeed himself as Speaker of the House of Delegates of the California Medical Association. (Applause.)

VICE-SPEAKER ALESEN: Dr. E. Vincent Askey has been nominated to succeed himself as Speaker of the House of Delegates. Are there any further nominations?

A MEMBER: I move that the nominations be closed.

. . . The motion was seconded. . . .

VICE-SPEAKER ALESEN: Have you had ample opportunity to make nominations? If so, it has been moved and seconded that the nominations be closed, and that the Secretary cast a unanimous ballot in favor of E. Vincent Askey.

. . . A vote was taken on the motion and it was unanimously carried. . . .

. . . Speaker Askey assumed the Chair . . .

SPEAKER ASKEY: I appreciate that very much.

The reason I stood up here was that I knew pretty well you were going to nominate me. It looks very well for a speaker to sit down and expect it if you are going to nominate anyone else, and I am man enough to take it. I appreciate it.

SPEAKER ASKEY: The next office to be filled is that of *Vice-Speaker of the House of Delegates*. Dr. Crane!

DR. J. J. CRANE (Los Angeles): I wish to place the name of Louis A. Alesen in nomination for the office of Vice-Speaker to succeed himself.

SPEAKER ASKEY: The name of Dr. Lewis Alesen is in nomination.

A MEMBER: I move the nominations be closed.

. . . The motion was seconded. . . .

SPEAKER ASKEY: You have heard the nomination. Are there further nominations?

. . . The motion was put to a vote; it was carried and the Secretary cast a unanimous ballot for Vice-Speaker Alesen. . . .

SPEAKER ASKEY: It is unanimous and so ordered. Dr. Alesen! (Applause.)

SPEAKER ASKEY: The next order of business is the election of *District Councilors*. For your information your Speaker will again call attention to the C.M.A. By-Laws by which means District Councilors are nominated. They must be nominated by written nomination by the Delegates from the District involved, and if only one nomination is made, by a majority of the votes of the House, it may either be sustained or denied. If there is more than one nomination presented a majority vote is required for election. If there are three or more and nobody receives a majority, the one receiving the least number of votes shall be dropped and the other names voted upon until a majority is present.

Are you ready for the election of District Councilors?

The first is that of the Third District, Harry E. Henderson.

Mr. Secretary, do you have nominations from that District?

SECRETARY KRESS: In accordance with the By-Laws, nominations for the *Third District Councilor* have been submitted as follows: A nomination by the counties of Santa Barbara and Ventura for Dr. Harry E. Henderson of Santa Barbara; a nomination by San Luis Obispo County Delegates for Frederick R. Mugler, these are the only two nominations for the Third District.

DR. REMMEN: At this time I request a fifteen minute recess in order that the Los Angeles delegation may caucus.

SPEAKER ASKEY: It has been the custom of this House to grant a recess privilege to a caucus for any reasonable length of time. I think fifteen minutes is a reasonable time. If there is no objection your Speaker will declare a recess for the purpose of caucus only. I hear no objection—the recess is granted.

. . . The House was recessed from 4:10 P.M. to 4:25 P.M. . . .

SPEAKER ASKEY: The delegates will resume their seats as quickly as possible. We must get through with our duties because we don't want to stay too late tonight. To save a little time, while you are taking your seats, the Speaker wishes to announce the Tellers Committee for all elections held in this session. The committee will consist of Tellers as follows: Dr. Lundquist, Dr. Madeley, Dr. Roos, of Riverside.

Dr. Lundquist will be Chairman of the Tellers Committee.

In case there is a necessity for Executive Session Procedure, we will appoint a Sergeant-at-Arms in the person of Dr. Eugene F. Hoffman of Los Angeles. Dr. Hoffman will be Sergeant-at-Arms of this session.

The election is now before you. The names of the nominees, which are the only nominees officially made, are Dr. Frederick R. Mugler and Dr. Harry E. Henderson. This is for District Councilor of the Third District, the term of Harry E. Henderson expiring. The Tellers will please pass the ballots between you. You are to vote for one or the other of these men. In order that there will be no mixup such as we had a year or two ago, the ballots will be of a different color. The ballot for this election is of a white color.

. . . Voting by the delegates. . . .

SPEAKER ASKEY: If the votes have been collected we will go ahead with further nominations in order to save a little time. Are your ballots all in? Is there anybody who hasn't voted who wishes to vote? If not, the ballot is closed.

The next is for Councilor from the Sixth District. Are there any written nominations?

DR. KRESS: The delegates from the *Sixth District* have placed in nomination the name of Edwin L. Bruck. There is also on file, Mr. Speaker, the resignation of Edwin Bruck as a Councilor-at-Large.

SPEAKER ASKEY: That is the only nomination that was made by the delegates. For the purpose of explaining to the House, Dr. Bruck has been a Councilor-at-Large. It has been decided by his own district that he be their District Councilor rather than a Councilor-at-Large. For that reason, as the Secretary stated, the resignation of Dr. Bruck as Councilor-at-Large is to take effect immediately. Is there a motion to accept that resignation?

. . . . It was so moved and seconded. . . .

SPEAKER ASKEY: Is there discussion?

. . . There being no discussion, the motion was put to a vote and carried. . . .

SPEAKER ASKEY: He is now no longer Councilor-at-Large. A nomination is thereby made by his District, the San Francisco Medical Society, of Dr. Edwin L. Bruck for the District Councilor, that being the only nomination. It is your privilege to either sustain or reject this nomination. If you wish to sustain it, it must be by a majority vote.

A MEMBER: I move we sustain it.

SPEAKER ASKEY: The By-Laws state that all elections must be by ballot unless there is a motion that this rule be rescinded. It must be carried by a two-thirds vote. Is there such a motion, that we vote by acclamation?

. . . It was moved, seconded and carried, that this election be by acclamation, it receiving a two-thirds vote. . . .

SPEAKER ASKEY: It is carried. The question now goes before you as to the sustaining or rejecting of the name of Edwin L. Bruck. All those in favor of sustaining the nomination and electing Dr. Bruck please stand.

. . . Rising vote. . . .

SPEAKER ASKEY: It is carried unanimously. The nomination is sustained and Dr. Bruck is elected. (Applause.)

The next is the election of the *Councilor from the Ninth District* for the term of John W. Green, expiring. Are there written nominations from the Ninth District, Mr. Secretary?

DR. KRESS: Mr. Speaker, the Delegates from the Ninth District have nominated John W. Green of Vallejo.

SPEAKER ASKEY: The name of Dr. John W. Green to succeed himself has been put in nomination. There being no further nominations the same procedure is in order. Do I hear a motion that the vote be changed from that of ballot to acclamation?

DR. ANDERSON: I so move.

SPEAKER ASKEY: Is there a discussion? This will require a two-thirds vote.

. . . There being no discussion, the motion was put to a vote and was unanimously carried. . . .

SPEAKER ASKEY: The vote will be by acclamation. All those in favor of sustaining the nomination and electing John W. Green say "aye"; opposed "no."

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: The nomination is sustained and he is elected. (Applause.)

SPEAKER ASKEY: The next is the election of *Councilors-at-Large.* There will be three vacancies to be filled. The first is that of Dewey R. Powell, term expiring, of Stockton. Now each of these nominations are not by writing, but are by nomination from the floor and it will be in order to receive nominations for each separate office which must be voted on one at a time, and then the others will wait until that office has been filled; in other words, you are voting for each separate office. The first Councilor-at-Large, that one being held by Dewey R. Powell, his term expiring. Are there nominations?

DR. R. L. OWENS (San Joaquin County): I would like to place the name of a general practitioner who has served in the war for the past five years, Dr. C. V. Thompson of Lodi.

SPEAKER ASKEY: You have heard the nomination, are there further nominations for this office?

A MEMBER: I move the nominations be closed.

DR. DOUGHTY: I will second the motion.

SPEAKER ASKEY: Is there any further desire for nominations; if not, all those in favor of closing the nominations and casting the votes for Dr. Thompson say "aye"; opposed "no."

. . . A vote was taken on the motion and it was unanimously carried. . . .

SPEAKER ASKEY: It is unanimously carried and he is declared elected.

The next is for the office of Councilor-at-Large, for the office held by Edward B. Dewey of Pasadena, term expiring. Are there nominations for that office?

DR. EDWARD DEWEY (Pasadena): Members of the House of Delegates: Just to make sure in offering this nomination that no one thinks that I am trying to choose the candidate, I want to say that I had nothing whatever to do with the choice of the candidates. I am, however, very happy and pleased to offer the man I want to nominate as a man who has devoted a great deal of his time and energy to the welfare of the doctors of Southern California, particularly along the line of malpractice and medical defense. He is at the present time President of the Los Angeles County Medical Society. I take great pleasure in nominating Dr. Louis J. Regan.

SPEAKER ASKEY: You have heard the nomination. Are there further nominations for this office?

DR. REMMEN: I move the nominations be closed.

DR. GREEN: I second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is unanimous, therefore, carried, and Dr. Regan is elected as Councilor-at-Large. (Applause.)

The third Councilor-at-Large is for the term of Dr. Edwin L. Bruck, resigned, for the unexpired term which will expire in 1948. Are there nominations?

DR. CLINE: It gives me great pleasure to place in nomination for this office Dr. H. Gordon MacLean of Oakland. He is Past-President of the Alameda County Medical Association; a President for some years of the Hospital Service of California, and a Delegate to the American Medical Association from this Association and a splendid man in medicine. (Applause.)

SPEAKER ASKEY: You have heard the nomination. Are there further nominations for this office?

DR. CHANDLER: I move the nominations be closed.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

SPEAKER ASKEY: It is unanimous and, therefore, carried. I hereby declare Dr. MacLean elected to the unexpired term of Dr. Bruck.

The ballots are now counted for the election of the Third District. I hereby recognize Dr. Lundquist, Chairman of the Tellers, to report on the votes, please.

DR. LUNDQUIST: Mr. Speaker, we have counted the ballots. There were 178 ballots, one ballot for "Anderson," who was not in nomination, and 165 for Henderson and 12 for Mugler.

SPEAKER ASKEY: You have heard the votes. Dr. Henderson is reëlected for District Councilor of the Third District.

SPEAKER ASKEY: At this time we come to the election of Delegates to the American Medical Association. The election on this differs a little bit from all other elections. On this election a majority vote is not necessary. The man receiving the highest number of votes, if there are one or more nominated, is declared elected.

At this time I will ask Dr. Alesen, the Vice-Speaker, to take the chair.

. . . The Vice-Speaker assumed the chair. . . .

VICE-SPEAKER ALESEN: Nominations are now in order for the election of delegates to the American Medical Association. The first incumbent is that of H. Gordon MacLean, term expiring. Nominations are in order.

DR. WILLIAM G. DONALD (Alameda County): I would like to place in nomination to succeed himself, H. Gordon MacLean. It is foolish to repeat Dr. Cline's eulogy. In this time when prepaid medical care is spreading, a man with Dr. MacLean's experience in hospital insurance and his devotion to the cause of prepaid medical and hospital care is something we cannot afford to lose. I place in nomination Dr. H. Gordon MacLean. (Applause.)

VICE-SPEAKER ALESEN: Dr. MacLean has been nominated to succeed himself. Are there any other nominations?

A MEMBER: I move that the nominations be closed and that the Secretary cast a unanimous ballot for Dr. MacLean.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

VICE-SPEAKER ALESEN: It is carried and so ordered. Dr. MacLean is elected.

The next Delegate is Dr. E. Vincent Askey, term expiring. Nominations are in order. Dr. Remmen!

DR. REMMEN: It gives me very great pleasure to place in nomination to succeed himself our very able Speaker, Dr. Askey. I am sure that he needs no further eulogy. (Applause.)

VICE-SPEAKER ALESEN: Dr. Askey has been nominated to succeed himself.

. . . It was moved, seconded and carried that the nominations be closed. . . .

VICE-SPEAKER ALESEN: It is carried and so ordered. Dr. Askey has been elected to succeed himself.

The next vacancy occurring is that of Dr. John W. Cline of San Francisco.

DR. CARR: The San Francisco Delegation feels that there is a definite virtue in sequence, particularly in representation to the American Medical Association. We want to nominate Dr. John W. Cline to succeed himself.

VICE-SPEAKER ALESEN: Dr. Cline has been nominated to succeed himself. Are there other nominations?

. . . It was moved, seconded and carried that the nominations be closed. . . .

VICE-SPEAKER ALESEN: It is carried and so ordered. Dr. Cline is elected to succeed himself.

The next is Dr. Donald Cass, term expiring.

DR. HOFFMAN (Los Angeles): Mr. Speaker and Delegates: It is the desire of the Los Angeles Delegation that we renominate to succeed himself Dr. Donald Cass.

VICE-SPEAKER ALESEN: Dr. Donald Cass has been nominated to succeed himself. Are there other nominations?

. . . It was moved, seconded and carried that the nominations be closed. . . .

VICE-SPEAKER ALESEN: Dr. Cass has been elected to succeed himself.

Now, we have the term held by Dwight H. Murray of Napa, 1946-1947, resigning because he is Trustee of the American Medical Association. Nominations are in order for this office.

DR. H. RANDALL MADELEY (Vallejo): To me, that is one of the most important offices. I think California has probably had the most outstanding delegation there has been to the A.M.A. for a number of years. I am sure they certainly made themselves known in the last session. One of our very prominent members of that Delegation has been sort of hiked upstairs. It gives me a great deal of pleasure to nominate Dr. Green. He served as alternate to Dr. Murray last year. Dr. Green was a member of the House of Delegates one term of some years, and has been Councilor for the last two years. His Councilor District has recently nominated him to the position for the next two years. I believe he is a definite asset to the A.M.A. from California.

VICE-SPEAKER ALESEN: Dr. Green has been nominated.

DR. MURRAY: Mr. Speaker, Members of the House of Delegates: I can't resist the temptation to put in a word for my old friend Pete. We have been friends now for over thirty years. He hasn't recently become interested in medicine. Ever since he came to California in 1921, and before coming to California, he has shown the greatest interest always in organized medicine. I have never known any task to be asked of him that was too big or too small for him to attempt. He nominated me one time and in so doing he said he wanted to send me back to Chicago wearing the shoes of June Harris and the coat of Henry Rogers, whose place I was elected to take.

It is with great pleasure that I now transfer to Dr. Green the shoes of June Harris and the coat of Henry Rogers, and may he wear them well. I know he will.

VICE-SPEAKER ALESEN: Are there any further nominations?

. . . It was moved, seconded and carried that the nominations be closed. . . .

VICE-SPEAKER ALESEN: It is carried. Dr. Green is elected. (Applause.)

Now we come to the subject of Alternates to the American Medical Association, Leopold H. Fraser, Richmond, Alternate to H. Gordon MacLean. Nominations are now in order. Are there any nominations?

(No response.)

What do you wish to do with the post of Dr. Leopold H. Fraser? Are you going to let this go by default?

DR. GLEASON (Alameda County): I move that Dr. Fraser be nominated to succeed himself.

VICE-SPEAKER ALESEN: Dr. Fraser has been nominated to succeed himself. Are there further nominations?

. . . It was moved and seconded that nominations be closed. . . .

. . . The motion was put to a vote and it was unanimously carried. . . .

VICE-SPEAKER ALESEN: It is carried and so ordered. Dr. Fraser has been elected.

The next is that of Dr. Donald G. Tollefson of Los Angeles, Alternate to Dr. E. Vincent Askey.

DR. PETER BLONG (Los Angeles County): I place in nomination the name of William Benbow Thompson of Los Angeles, Alternate to Dr. Askey.

VICE-SPEAKER ALESEN: Dr. William Benbow Thompson has been nominated. Are there any further nominations?

. . . It was moved, seconded and carried that the nominations be closed. . . .

VICE-SPEAKER ALESEN: The motion is carried and Dr. Thompson is elected.

The next is the term of Dr. C. Kelly Canelo, Alternate to John W. Cline.

DR. JOHN HUNT SHEPHARD (Santa Clara County): Dr. C. Kelly Canelo has served us all well. I wish to place in nomination the name of Dr. C. Kelly Canelo to succeed himself.

VICE-SPEAKER ALESEN: Dr. C. Kelly Canelo has been nominated to succeed himself. Are there further nominations?

. . . It was moved, seconded and carried that the nominations be closed.

VICE-SPEAKER ALESEN: It is carried and so ordered.

The term of Ralph B. Eusden of Long Beach, Alternate to Dr. Donald Cass, is next in order.

DR. DONALD CASS: Fellow Delegates: I wish to place the name of Ralph Eusden in nomination to succeed himself as my Alternate.

. . . The motion was seconded. . . .

VICE-SPEAKER ALESEN: Dr. Eusden has been nominated to succeed himself as alternate to the American Medical Association. Are there any further nominations?

. . . There being no further nominations, the motion was put to a vote and it was unanimously carried. . . .

VICE-SPEAKER ALESEN: It is carried and so ordered.

. . . Speaker Askey assumed the Chair. . . .

SPEAKER ASKEY: Dr. Green was Alternate to Dr. Murray, and has been elected to succeed Dr. Murray. That leaves an alternate to be elected to Dr. Green for the term expiring.

DR. WILSON STEGEMAN (Sonoma County): Sonoma County is very glad to place in nomination the name of Dr. Madeley. Dr. Madeley has been an able trustee of C.P.S. He has served the Legislative Committee of C.M.A. and he is an able practitioner. Furthermore, he is a nephew of Dr. Green and there is nothing like keeping it in the family.

SPEAKER ASKEY: There has been placed in nomination the name of Dr. Madeley as Alternate to Dr. Green, as Delegate to the American Medical Association. Are there further nominations?

. . . It was moved, seconded and carried that the nominations be closed. . . .

SPEAKER ASKEY: It is unanimous and therefore carried. Dr. Madeley is elected.

That concludes the election of officers.

At this time your Speaker wishes to introduce a man, if he is here, and if not, I will introduce him tonight. I don't know how many of you remember the election of the Vice-President of the American Medical Association last December in Chicago. One of your Past-Presidents, Dr. William R. Molony, was elected. Dr. Molony is Vice-President of the American Medical Association. Is he in the house? I wish he would come forward to this stand. . . . Dr. Molony came to the front of the room. . . .

Dr. Molony, we welcome you as our Vice-President of the American Medical Association and one of the Past Presidents of this Association. We wish to introduce you to this Association. (Applause.)

DR. WILLIAM MOLONY: Mr. Speaker, and Brother Members of the California Medical Association: I am taken rather by surprise. I just came into the room and it is rather unusual for me to be introduced to the members of the California Medical Association, but I suppose that is the way they do it in a formal way. I am very, very happy to be here with you, to receive this recognition from you. It is, of course, as you must know, a rather complete surprise to me the signal honor that has come to me at this particular time, but it did, and of course I am very happy for myself and I am happy for all of the men in California, because in a sense, an office of that kind is a recognition not to the member only, but to the State it comes from. So I thank you very much indeed.

SPEAKER ASKEYS Will you sit at our table, Dr. Molony, and give us your presence. We would be very happy to have you sit with us.

Appointments to Fill Committee Vacancies

SPEAKER ASKEY: The next order of business is the announcement by the Secretary of the Council's nomination of members of the Standing Committee which must be approved by this House of Delegates. Dr. Kress!

SECRETARY KRESS: Mr. Speaker and Members of the House: The new appointees recommended by the Council's Committee on Standing Committees and the Editorial Board, to fill unexpired terms ending in 1949 are indicated in the following roster:

Committee on Associated Societies and Technical Groups

Anthony B. Diepenbrock (Chairman)	San Francisco	1947
Edward F. Nippert	Los Angeles	1948
Peter Blong	Alhambra	1949

Committee on Health and Public Instruction

E. Earl Moody	Los Angeles	1947
C. M. Burchfiel	San Jose	1948
George M. Uhl (Chairman)	Los Angeles	1949

Committee on History and Obituaries

Morton R. Gibbons, Sr. (Chairman)	San Francisco	1947
Robert A. Peers	Colfax	1948
E. T. Remmen	Glendale	1949
George H. Kress (Honorary Historian)	ex-officio	

Committee on Hospitals, Dispensaries and Clinics

Roy E. Thomas	Los Angeles	1947
Clarence E. Rees (Chairman)	San Diego	1948
Anthony J. J. Rourke	San Francisco	1949

Committee on Industrial Practice

N. P. Dunne	Oakland	1947
Donald Cass (Chairman)	Los Angeles	1948
J. B. Josephson	San Jose	1949

Committee on Medical Defense

Nelson J. Howard	San Francisco	1947
William A. Key (Chairman)	San Mateo	1948
Louis J. Regan	Los Angeles	1949

Committee on Medical Economics

Wayne J. Pollock	Sacramento	1947
H. Gordon MacLean (Chairman)	Oakland	1948
Howard W. Bosworth	Los Angeles	1949

Committee on Medical Education and Medical Institutions

B. O. Raulston (Chairman)	Los Angeles	1947
L. R. Chandler	San Francisco	1948
Francis Scott Smyth	San Francisco	1949

Committee on Organization and Membership

Carl L. Mulfinger (Chairman)	Los Angeles	1947
Harold G. Trimble	Oakland	1948
Henry A. Randel	Fresno	1949

Committee on Postgraduate Activities

H. F. Friedell	Santa Barbara	1947
John C. Ruddock (Chairman)	Los Angeles	1948
Salvatore P. Lucia	San Francisco	1949
L. Henry Garland	ex-officio	

Committee on Publications

F. Burton Jones	Vallejo	1947
R. H. Sundberg	San Diego	1948
George W. Walker (Chairman)	Fresno	1949
L. Henry Garland	ex-officio	
Dwight L. Wilbur	ex-officio	

Committee on Public Policy and Legislation

Dwight H. Murray (Chairman)	Napa	1947
Lloyd E. Kindall	Oakland	1948
E. T. Remmen	Glendale	1949
Association President	ex-officio	
Association President-Elect	ex-officio	

Advisory Committee

Junius B. Harris (Chairman)	Sacramento
H. R. Madeley (Vice-Chairman)	Vallejo
Wilson Stegeman	Santa Rosa

Committee on Scientific Work

L. Henry Garland (Chairman)	ex-officio	
J. Homer Woolsey	Woodland	1947
Howard F. West	Los Angeles	1948
Clayton Mote	San Francisco	1949
A. Morse Bowles. (ex officio, Sec'y, Section on Medicine)		
Howard O. Dennis. (ex officio, Sec'y, Section on Surgery)		

Cancer Commission

George Sharp	Pasadena	1947
Whitfield Crane (Vice-Chairman)	Oakland	1947
Gertrude Moore	Oakland	1947
Henry J. Ullmann	Santa Barbara	1948
David A. Wood (Sec'y, Northern California)	San Francisco	1948
James F. Rinehart	San Francisco	1948
Lyell C. Kinney (Chairman)	San Diego	1949
L. Henry Garland	San Francisco	1949
Orville N. Meland (Sec'y, Southern California)	Los Angeles	1949

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Editorial Board

For the Editorial Board, to serve during the coming year, the following group of members:

Chairman of the Board:
Dwight L. Wilbur, San Francisco
Executive Committee:
Lambert B. Coblentz, San Francisco
Albert J. Scholl, Los Angeles
H. J. Templeton, Oakland
Dwight L. Wilbur, San Francisco
Anesthesiology:
William B. Neff, San Francisco
Charles McCusky, Los Angeles
Dermatology and Syphilology:
Paul Foster, Los Angeles
H. J. Templeton, Oakland
Eye, Ear, Nose and Throat:
Frederick C. Cordes, San Francisco
Lawrence K. Gundrum, Los Angeles
A. R. Robbins, Los Angeles
Lewis Morrison, San Francisco
General Medicine:
Mayo H. Soley, San Francisco
O. C. Railsbach, Woodland
Lambert B. Coblentz, San Francisco
John Martin Askey, Los Angeles
General Surgery:
Frederick L. Reichert, San Francisco
C. J. Baumgartner, Beverly Hills
Orthopedic Surgery:
Frederic C. Bost, San Francisco
Hugh Jones, Los Angeles
Thoracic Surgery:
John C. Jones, Los Angeles
H. Brodie Stephens, San Francisco
Industrial Medicine and Surgery:
Rutherford T. Johnstone, Los Angeles
John E. Kirkpatrick, San Francisco

Plastic Surgery:
George W. Pierce, San Francisco
William S. Kiskadden, Los Angeles
Neuropsychiatry:
Karl M. Bowman, San Francisco
John B. Doyle, Los Angeles
Obstetrics and Gynecology:
Daniel G. Morton, San Francisco
Donald G. Tollefson, Los Angeles
Pediatrics:
E. Earl Moody, Los Angeles
William C. Deamer, San Francisco
Pathology and Bacteriology:
Alvin G. Foord, Pasadena
Alvin J. Cox, San Francisco
Radiology:
R. R. Newell, San Francisco
John W. Crossan, Los Angeles
Urology:
Clark Johnson, San Francisco
Albert J. Scholl, Los Angeles
Pharmacology:
Windsor C. Cutting, Menlo Park
Clinton H. Thienes, Los Angeles

SPEAKER ASKEY: You have heard the nominations for the Standing Committees which are made by the Council. These must be approved by this Body. A motion to approve these nominations is in order.

DR. CANELO: I move they be approved.

. . . The motion was seconded, put to a vote and unanimously carried.

SPEAKER ASKEY: They are approved and the Secretary will formally notify the members of these committees.

At this time I would like to call your attention to another typographical error, something that has been left out of the program. That is the presentation of the budget for the next year, which will be presented by the Chairman of the Auditing Committee, Dr. John W. Cline.

DR. CLINE: Mr. Speaker, I move at this time the House go into Executive Session, all members of the California Medical Association and the Executive Secretary being permitted to remain.

DR. CARR: I second the motion.

SPEAKER ASKEY: You have heard the motion and that is that the House go into Executive Session and that all members of the California Medical Association and the Executive Secretary, and do you wish, Dr. Cline, the Public Relations Counsel and the Legal Counsel?

DR. CLINE: Yes.

SPEAKER ASKEY: In explanation of that, before I put the vote to you, it is only right that I call attention again to what an Executive Session means. An Executive Session means that there will be free and open discussion of all the problems presented at that time. The purpose is that there may not be erroneous ideas as to what occurred promulgated unwisely. It is a provision of parliamentary law by which an adequate discussion may take place without any brakes being put on. The brakes which are put on, however, are these: That by entering into an executive session you pledge your honor as a gentleman that such actions and such remarks and statements which are made are private and are not to be promulgated without action of the House. Action of the House made in Executive Session is final. It will stand after coming out of the session so that the action will be an open hearing. However, if you vote for Executive Session those remaining are honor bound that no discussion outside of the facts and discussions be made. This is brought to your attention forcibly because at one Executive Session of this House it was not fifteen minutes later that one of the delegates, sitting in our session, ran to the telephone and called one of the worst enemies of the medical profession and told him everything that had been said. That is not a gentlemanly action and it was, I am sure, by error that it was done, I hope. But, in order that there may be no excuse that you didn't understand, I am telling you very emphatically.

There is a motion before you now that we go into Executive Session, and that all members of the California Medical Association and the Executive Secretary, the Legal Counsel and the Public Relations Counsel be allowed to stay.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: The Sergeant-at-Arms will please clear the room.

DR. HOFFMAN (Sergeant-at-Arms): May I have the assistance of Credentials Committee?

SPEAKER ASKEY: You may have the Credentials Committee assist you.

DR. DELOS REYES: Will you assist the Sergeant-at-Arms. A recess will be declared until the Sergeant-at-Arms reports the room is cleared.

. . . Short recess. . . .

. . . The House of Delegates went into executive session, from which it rose at 6:05 P.M.

SPEAKER ASKEY: We are now out of Executive Session and in recess. Your Speaker will call attention to the fact that the rest of your business will now start this evening with the reports of your committees. There is a great deal of work and discussion and we hope that you will be back at the meeting right on time.

Remember, there is another meeting of the C.P.S. Administrative Members and unless we are very good and conserve our time we may run late.

DR. KNEESHAW: Can we dispose of this matter now?

SPEAKER ASKEY: Dr. Kneeshaw, no, for this reason. There is a resolution which has been introduced to the committee which deals with the dues. It was thought best, in order that the whole matter be taken care of, that we bring it up then, because the committee is introducing it. Therefore, it is in order at the time of the report on resolutions that the matter be discussed.

Is there a motion to recess until 8:00 o'clock? If so, it will be entertained.

DR. HOFFMAN: I so move.

DR. KNEESHAW: I will second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: We will recess until 8:00 o'clock in this room.

. . . The meeting recessed at 6:15 P.M. . . .

Post-Recess Meeting

. . . The House of Delegates re-convened at 8:00 P.M., Thursday, May 9, 1946.

SPEAKER ASKEY: The House will be in order please.

Is the Chairman of the Credentials Committee here? Would you report, Dr. DeLos Reyes?

DR. DELOS REYES: Mr. Speaker, there is a quorum.

SPEAKER ASKEY: The House will rise out of recess and it will now be in regular session.

The next order of business is the reports of the various Reference Committees. The first is the Report of Reference Committee Number 1 of which Dr. D. G. Delprat is Chairman. Dr. Delprat!

Report of Reference Committee No. 1

DR. D. G. DELPRAT, *Chairman*

DR. G. DAN DELPRAT (Chairman): Mr. Speaker: According to the By-Laws, Section 6, Chapter III, the Chairman of the Reference Committee is required to read his entire report before taking up each individual article for discussion. The Chairman of this Committee respectfully submits the motion that the By-Laws be dispensed for the time being on this particular topic so that each article can be taken up individually to save time.

DR. CLINE: I will second the motion.

SPEAKER ASKEY: I take it that the proper motion is to suspend the rule for this one order of business. It does

not rescind the By-Law. It is merely rescinded as a rule for this one order of business and is before you as stated. This requires a two-thirds vote to suspend.

DR. REMMEN: To save time, I amend the motion by asking that it also be applied to the Report of Reference Committee Number 2.

SPEAKER ASKEY: I think it should be applied to all committees or none, depending upon your wishes. If you wish to make that a motion to include all committees, to save time, I think it would be in order.

DR. REMMEN: I so move.

. . . The amendment was seconded, put to a vote and carried unanimously. . . .

SPEAKER ASKEY: There is now before you the adoption of the motion that this rule be applied to the reports of all committees. This is the motion as amended.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is carried by a majority vote, a two-thirds vote, and the rule is suspended for this session only and in this one particular, which is that the Chairman of each committee may report part by part as decided here.

DR. DELPRAT: Reference Committee Number 1 has studied the *Report of the President* and recommends that it be accepted.

DR. CLINE: I second the motion.

. . . The question was called for, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is carried.

DR. DELPRAT: The committee has also carefully studied the *Report of the President-Elect* and moves it be accepted.

DR. SHIPMAN: I second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is carried. The report is accepted.

DR. DELPRAT: The committee has also carefully studied the *Report of the Speaker of the House* and moves its acceptance.

SPEAKER ASKEY: Dr. Kress calls my attention to the fact that I may ask if there is any objection to the acceptance of the recommendation of the Chairman of the Committee and, hearing none, the Chair will announce it is carried. We will give you opportunity to speak. Hearing no objection, this part is adopted.

DR. DELPRAT: The committee recommends the adoption of the *Report of the Vice-Speaker.*

SPEAKER ASKEY: Is there any objection—hearing none, it is adopted.

DR. DELPRAT: The committee recommends the adoption of the *Report of the Chairman of the Council.*

SPEAKER ASKEY: Is there any objection—hearing none, it is adopted.

If there are several reports you may read the list of the reports of the various officers and then move they all be accepted as printed.

DR. DELPRAT: The committee recommends the adoption of the *Report of the President of the "Trustees of the California Medical Association";* the committee recommends the adoption of the *Report of the Legal Department;* the committee recommends the adoption of the *Reports of the District Councilors of the First, Second, Third, Fourth, Fifth, Sixth, Seventh and Eighth District.*

SPEAKER ASKEY: Hearing no objection, the Reports are adopted.

DR. DELPRAT: In regard to the *Report of the Councilor of the Ninth District,* it was brought to the attention of the committee that certain statements in that report are not exactly accurate. The committee, therefore, recommends deletion of part of page 22 of the *Pre-Convention Bulletin* in the next to the last paragraph, the second sentence commencing "California Physicians' Service," down to eliminating the "Garfield Group." This statement we have been told is not exactly accurate and Reference Committee Number 1 recommends the amendment of that report with the deletion of those two sentences.

I so move.

DR. MADELEY: I will second the motion.

SPEAKER ASKEY: Is there discussion on the deletion of this part of the report?

. . . There being no discussion, the report was accepted as amended. . . .

DR. DELPRAT: The committee recommends the adoption of the *Reports of the Councilors-at-Large* and the Reports of the following Standing Committees:

(a) *Executive Committee;* (b) *Auditing Committee;* (c) *Public Policy and Legislation;* (d) *Associated Societies and Technical Groups;* (e) *Health and Public Instruction;* (f) *History and Obituaries;* (g) *Hospitals, Dispensaries and Clinics;* (h) *Industrial Practice;* (i) *Medical Economics;* (j) *Medical Education and Medical Institutions;* (k) *Medical Defense;* (l) *Publications;* (m) *Postgraduate Activities;* (n) *Public Relations;* (o) *Scientific Work;* (p) *Report of Editorial Board;* (q) *Committee on Participation of the Medical Profession in the War Effort;* (r) *Committee on Local Arrangements;* (s) *Committee on Physicians' Benevolence;* and the (t) *Committee on Organization and Membership.*

SPEAKER ASKEY: Is there any objection to the adoption of these reports? Hearing none, I declare them approved.

At this time I think it would be in order and fitting that we stand for a couple moments in honor of the number who have died during the past year. I think we should stand a moment in appreciation.

. . . The members stood and observed a moments' silence in honor of the departed members. . . .

SPEAKER ASKEY: Proceed, Mr. Chairman.

DR. DELPRAT: The Reference Committee was particularly impressed with the *Report of the Cancer Commission.* The report that was submitted to the Council will be printed later in the Proceedings of this House. We respectfully recommend the adoption of this Report.

SPEAKER ASKEY: There is a recommendation to adopt this report. Hearing no objection, it is adopted.

DR. DELPRAT: The committee recommends the adoption of the *Report of the Advisory Committee to the Bureau of Vocational Rehabilitation;* the *Committee on Emergency Maternity and Infant Care;* the *Report of the Liaison Representative to California Veterans' Committee;* the *Report of Postwar Planning Committee;* the *Report of the Committee on Adoption Laws;* the *Report of the Local Committee on Arrangements for the Convention of the American Medical Association,* and the *Report of the Advisory Planning Committee* as well as the *Annual Reports of the County Medical Societies.*

I move the adoption of this section of the report.

SPEAKER ASKEY: You have heard the motion; if there is no objection, that will be considered as your wish. I hear no objection, the Reports are declared adopted as recommended.

DR. DELPRAT: We come now to the *Committee on Prepaid Medical and Hospital Care,* under the chairmanship of Dr. Chandler. This report received a great deal of attention from this committee and our committee unanimously recommends the adoption of the Report down to Number 5, in the second column on page 31. I so move.

DR. CLINE: I will second the motion.

SPEAKER ASKEY: If you vote for this motion you will be accepting this part of the Report of the Chandler Committee up to and including point 4. Is there discussion on this? That is, recommendation number 4. If not, the motion for the adoption of this part of the Report is

before you. . . . There being no discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is adopted. The motion is carried. Will you continue, Mr. Chairman?

DR. DELPRAT: Section 5 of this particular committee's report induced considerable discussion and received most of the attention of the Reference Committee. Many of the Delegates appeared before the committee to debate this particular point. Some of the delegates did not understand. Some of them did not like the osteopathic physicians in there and some of them demanded that the California Physicians' Service be not identified with them in any way, shape or form. They did not want to be mixed up with this group of persons who are licensed as physicians and surgeons under the laws of the State of California to perform the service licensed by the State Board of Medical Examiners.

Other delegates pointed out that the principal purpose of the California Physicians' Service was to promote on a voluntary basis the principle of prepaid medical care and that California Physicians' Service should welcome the assistance of all groups that would further that service.

The Chandler Committee helped the Reference Committee a great deal with that viewpoint. The Reference Committee has reworded this section as I shall read to you in a minute. The general result of the rewording of the Reference Committee is to the effect that the word "osteopathic" be omitted and, further, that the osteopath be placed in a subsidiary position as indicated by the following. The Reference Committee is aware that payments in the past have been made to certain ancillary medical services on an indemnification basis, such payments being made to the patient to indemnify him in the case of the necessity of laboratory fees, nurses, anesthetists, assistants in the hospital, out-patients and et cetera. The California Physicians' Service have in fact made payments to osteopaths.

The committee in its report substituted for Section 5, in place of the words "osteopathic physician and surgeon," the following which I will read in just a minute. This principle, however, of indemnification does not apply to the Veterans' program under the contract with the Veterans' Bureau. This whole discussion does not apply to the Veterans' program. Under the Veterans' program payments can only be made to professional members of California Physicians' Service. Indemnification of the Veteran patient for other services is strictly excluded. An osteopath, however, could receive a payment if he were called in consultation in which a professional member of the California Physicians' Service had been called and he would then become a sub-contractor and he will be given the money to pay the osteopath. This explains the words which I will read in a minute at the close of the substituted or the amended paragraph.

Paragraph 5 as amended by the Reference Committee reads as follows:

That the beneficiary member be free to choose any physician and surgeon holding an unrevoked and valid license issued by the State Board of Medical Examiners, and that the California Physicians' Service make payments to such physician and surgeon chosen by the said beneficiary whether or not such physician is a physician member of the California Physicians' Service, and, further that the California Physicians' Service make provision to indemnify the patient for services at a rate not to exceed the same fee schedule rate, rendered by other licensed physicians and surgeons in accordance with the contractual commitments of the California Physicians' Service.

Mr. Speaker, I move the adoption of this section of the Report.

DR. CLINE: I will second the motion.

SPEAKER ASKEY: The intent of this, and for the clarification of the House, is that your committee recommends that the report be amended by the substitution which the committee made in place of the number 5 portion, which would be deleted.

It is now open for discussion. The motion is to accept the substituted paragraph.

Mr. Chairman, will you read your substitute amendment again?

. . . The substitute amendment was re-read by the Chairman, Dr. Delprat. . . .

SPEAKER ASKEY: Dr. Canelo!

DR. C. KELLY CANELO (Santa Clara County): I rise to raise a question on that amendment proposal. I am not raising the question of the osteopathic physicians and surgeons as members of the medical profession. As *I* understand this condition, this paragraph is putting a penalty on the man who is a physician member of the California Physicians' Service, since it states that the man who is not a member can be engaged by the beneficiary member and will be paid according to the California Physicians' Service fee schedule on an indemnification basis at the then level, free to bargain with the beneficiary member for additional service, even though as a member of the group he may be fully covered by California Physicians' Service. I would like to have a legal interpretation of my point.

SPEAKER ASKEY: Dr. Canelo asks for the legal interpretation on this point. We will ask one of our attorneys, Mr. Hassard, or Mr. Peart, to answer this question if they can.

MR. HASSARD: Mr. Speaker and Members of the House of Delegates: As I understand the substitute paragraph 5, it would involve three things; first, that the membership in California Physicians' Service continue to be limited to Doctors of Medicine; second, that California Physicians' Service may make payments for professional services rendered, either to physician members, or to physicians who are not members of C.P.S. but who are Doctors of Medicine, and, third, that it may likewise make payments only, however, on a reimbursement basis to physicians and surgeons who may or may not be Doctors of Medicine.

The third, the last clause, in the substituted paragraph would cover any physician and surgeon but as to the equality of payment, the recommendation provides that indemnification may not exceed the rate or rather the fee schedule that is provided for physician members. It does not provide that the indemnification must equal the amount paid to the physician member.

Now, actually, in the application of the combined service and indemnity plan which C.P.S. will be engaged in, as you have already approved the first four recommendations and recommendations number 1 and 2 provide that C.P.S. shall engage in both a service plan for the low income group and an indemnification plan side by side, actually in the operation of the combination service and indemnity plan, the indemnities will have to be at a fixed dollar rate per service. It is impossible to have a reimbursement or indemnification to the patient to be applied against a physician's statement unless that indemnification or reimbursement be figured in terms of so many dollars, or some procedure so that the indemnity is bound to be a particular amount, a particular service, month in and month out. However, under the service plan, the physician members will continue to receive their pro-rata of the amount available month by month. Therefore, it seems inherent in the proposed plan, as the Chairman of your committee proposed and as the Reference Committee is submitting to you, that if C.P.S. financially does not do too well the physician members will receive less than par, but if it does well financially the physician member will receive more than par. So that actually those physicians who are physician members of California Physi-

cians' Service in substance gamble a bit. They will not be able to charge their patients more than the amount they receive from C.P.S. for those who qualify in the income group, but the amount they receive for those services will depend upon the success of C.P.S.

On the other hand, those physicians who choose not to be physician members of C.P.S. will receive an indemnity that will not vary but it will be a matter of the contract not between the doctors and C.P.S. but between the beneficiary members and C.P.S.

I might state that on a service plan and a contractual arrangement as between the physician and the plan, the physician agrees to accept whatever plan has the full compensation. In an indemnity or reimbursement plan, the plan is between the patient and the plan. A physician does not contract to accept anything in effect for his services but the plan contracts with the patient to pay a certain definite amount for a particular service.

The ultimate answer to Dr. Canelo's question is that physician members of C.P.S. could be penalized if the California Physicians' Service is not able to make enough money to pay indemnities for those services rendered to beneficiary members who go to physicians who are not physician members or, on the other hand, they could get more than the physician who chose to stay out of C.P.S. if the plan succeeded financially.

DR. GOIN: Would the members please give me the floor?

SPEAKER ASKEY: Dr. Goin, President of California Physicians' Service, wishes to speak. This would require unanimous consent in order to have Dr. Goin address us. I hear no objection—you are granted the privilege.

DR. GOIN: Mr. Speaker and Members of the House, thank you.

I think that we will all agree that we can't at once face an issue and evade it. I think we should ask ourselves at this point, are we or are we not opposed to any method of compulsory health insurance. If we are, and I think we are unanimous, then we should ask ourselves next—do we believe that voluntary health insurance is an adequate defense against compulsory health insurance? If we do, and I think we do, we should ask ourselves next whether we believe truly and in our hearts in voluntary enterprise and free medicine. Now if we do, we come to the question as to whether or not a free American citizen has a voice to choose the kind of health care that he wants.

I am sure I don't have to remind anybody that I am a Doctor of Medicine. I am sure that most of you know that I am a radiologist and that I derive my living from patients referred to me from other doctors. I have never had a patient from an osteopath or a chiropractor or any other irregular practitioner. I no more believe in them than you do but I can't find it in my heart to dispute the right of an American citizen to choose an osteopath for his doctor if he wishes.

The State of California has seen fit to license these people to practice medicine and surgery. There are a great many people in California, enough to have cast the decisive ballot on the initiative, who believe they give good medical care. You don't and I don't, but nevertheless a great many people do.

If the osteopathic physician and surgeon is excluded from a voluntary health insurance plan it can be reasonably argued that we are not offering the people what we say we are—a free choice of physician. Now, I don't know whether we want to offer them free choice of physician or not. Perhaps we only want to offer them free choice of Doctors of Medicine and, if we do, I have no particular quarrel with it, but, if we don't, and we really mean to give them free choice of physician and surgeon, then I think we must offer the free choice of any person who has a valid and unrevoked license to practice medicine and surgery in California. I think it is a tremendous mistake to evade the issue by trying to carry water on both shoulders and saying that that group shall do thus and so and this group shall do thus and so and, if we do that, we are only going to encourage those members who are now heartily in our support to cease being physician members of California Physicians' Service because you are placing a penalty upon being a physician member by relieving non-member physicians of their moral and even contractual obligation to supply medical care to a certain income group on a service contract. You are opening the door for him to bargain with his patient, saying, "Well, since you will get $80.00 back from California Physicians' Service, you can really afford to pay me $200.00 more," whereupon the entire point and purpose of California Physicians' Service is invalidated and, whereas, the radical left wingers and the Murray Committee and all such people will say, "See, that is what we told you; they can't do it and we must do it for you."

Now, gentlemen, think seriously before you adopt this particular provision of the report.

SPEAKER ASKEY: Dr. Madeley!

DR. MADELEY: May I ask legal counsel this question? If such a substitute resolution is adopted, what is the legal aspect and what would we be required to pay in regard to a fluctuating unit value? How will this indemnification process work if our unit value is $2.00; $1.75 or $2.25? What are we really liable to pay; full par value or the going unit value?

SPEAKER ASKEY: Mr. Hassard, will you answer that question?

MR. HASSARD: Mr. Speaker and Members of the House of Delegates: The language of the recommendation is not specific on the question asked by Dr. Madeley. However, the Board of Trustees in operating a pre-payment plan cannot carry out the recommendations and the other recommendations that tie in with it. Please do not overlook the fact that the first two recommendations that have already been adopted provide for a combination service and indemnity plan. The Trustees cannot carry that into effect unless they establish a fixed fee schedule for indemnification or a reimbursement method as a matter of contract between C.P.S. and the beneficiary members. The beneficiary members have to know how much in dollars they are going to get in the event of a particular illness or injury. Therefore, while it is not contained in the recommendation in so many words, as a matter of practice, the indemnification or reimbursement would have to be a fixed amount and remain fixed while the service schedules would have to vary up or down with the financial success or lack of success of California Physicians' Service. Do I understand the question?

DR. MADELEY: Thank you.

SPEAKER ASKEY: Is there further discussion?

Dr. Chandler!

DR. CHANDLER: Mr. Speaker and Members of the House: I would like to appear on behalf of the substitute recommendation here, number 5. As a member of this committee that studied it, I think the substitute, perhaps, is better worded than the one we submitted to you in the beginning.

The thinking of the committee behind this recommendation was along these lines: In the first place, we believe that we as doctors and as in an Association could furnish a very liberal, if not an entirely free, choice of physician on the part of the beneficiary. I am speaking now in response to Dr. Canelo's question as to whether or not it is proper for C.P.S. to pay a physician who is not a physician member of C.P.S. We believe they should be paid. If a beneficiary chooses to select a doctor who is not a member, that right should not be denied.

Keep in mind, also, those of you who are raising that

same question in your mind, that this present contract with the Veterans' Administration is with physician members of C.P.S. only. The present Veteran-C.P.S. contract does not include any method of payment to a physician who is not a member of C.P.S., a physician member of C.P.S. I think I am correct in that.

I do not think Santa Clara County has any more chiselers in the medical profession than any other county and if our committee believes that those physician chiselers on fees and rates paid for professional service will be 10 per cent of the medical population or less all over the country, I do not think we are too far off. I think Mr. Bowman explained that to the Administrative Members on Tuesday. At the present time the complaints concerning overcharges are less than 4 per cent, involving less than 4 per cent of the doctors. It is probably going to be the same 4 per cent all of the time.

This question of the indemnity rate and the legal aspect of the contract between C.P.S. and the subscriber has been explained to you, I think adequately, by Mr. Hassard. As you know, in order to execute this recommendation or a series of recommendations, it means that indemnification must be provided and technicalities and legalities arranged for.

Concerning the question of the osteopath, I haven't any more belief in that group of licensed physicians than anybody else. Yet they do hold a legal right to practice medicine and surgery in every respect even as you and I. I don't know what percentage of the subscribers we would lose to the osteopathic physicians and surgeons, those licensed by the Osteopathic Board, in preference to those licensed by the Medical Board. I venture the opinion that it would be a small percentage. If they are excluded from the subscribers or the beneficiaries excluded from indemnification in case they chose such a licensed physician and surgeon, I am quite sure we would have a fairly active opposition.

I think most of you at the meeting have already seen the folder passed around by the Osteopathic Association of California, "Stop, Look and Listen before you join any prepaid medical care plan," and so forth and so on. Anticipate the program of public relations, publicity and the selling campaigns that will go on in your county and mine if this thing is adopted. The program that would be initiated by that same group before C.P.S.'s representatives and field workers and the doctors got a chance to do any work would do us a lot of harm. I think it would be substantial opposition to the successful growth of C.P.S.

Those are some of the points that were in the minds of the committee when we made this recommendation, and as I have read over this substitute number 5 recommendation, I think the wording is even better than the one our committee proposed. I think you ought to accept this recommendation and in doing so you are making it legal and opening an avenue of operation for the Administrators of C.P.S. to do what they are really doing now. I would urge you to adopt the substitute recommendation.

SPEAKER ASKEY: Dr. Anderson!

DR. MAX ANDERSON: Mr. Speaker and House of Delegates: I have before me here "The Crises of the Free Market," a little booklet published by Professor F. A. Harper. He is a professor of Marketing at Cornell University. I think there is one little paragraph in that that has the crux of the whole matter. It reads:

"Our most important reconversion problem is the recovery of our economic and personal freedom. The heart of that problem is prices. A free economy, free enterprise and free men cannot exist without free prices. All prices—all types of prices."

Here is a little thing published by the Committee for Constitutional Government which states "The difference between free prices and prices dictated by government is not hard to state." Which gives the maximum of prosperity? That is the thing we are interested in. The answer is free prices. Why? Here is the reason. The producers will try to sell dear; consumers always try to buy cheap. This fundamental law of man's nature has not changed in a thousand years.

The indemnification type contract is the only one that fulfills his requirement; namely, that of free prices. The service type of contract is objectionable because it does not give free prices and injects a third party which holds the power of the purse and therein interferes with the kind of treatment, the amount of treatment and who gives the treatment.

I urge that this amendment be left as reported by the committee.

SPEAKER ASKEY: Is there further discussion? Dr. Crane?

DR. CRANE: Having served on the Chandler Committee, I entered into the discussion as to whether or not osteopaths should be included in this plan. You will recall that we had the slogan, "The Patient Shall Have the Free Choice of Physician at All Times." Probably we defeated compulsory health insurance in Sacramento by the use of that slogan. At the hearing of the Murray Committee in Washington that slogan was used over and over again.

I had the opportunity to help prepare a statement to be given to the President of the United States by the delegates of one of the states. They had an appointment to meet him and they wanted to give him a prepared statement. They worked several nights until three or four o'clock in the morning, I might say, and when the delegates of that state saw the President we all huddled around, and wondered, "Well, what did Mr. Big"—they nicknamed him that—"say?" You know where they were from. He said. "You men from the medical profession claim that the beneficiary has the free choice of the physician?"

"Yes, that is right."

"In your state, however, you are not practicing what you preach; these physician members who are not members of your service plan have no right to give benefits to the beneficiaries; isn't that right?"

"Yes, that is true."

"Well, therefore, you are not practicing what you preach."

In California we must let the patient have free choice of the physician and the period will be right there. The osteopaths regularly hold licenses to practice medicine and surgery and I really believe that we will be criticized very severely and taken to task if we don't do that.

SPEAKER ASKEY: Dr. Shephard!

DR. JOHN HUNT SHEPHARD (Santa Clara County): I am appearing for two reasons. One is a little historical situation and the other is to ask an opinion from legal counsel.

You know, this fight that we have had for years in regard to the standing of chiropractors and osteopaths reminds me very much of the fight many, many years ago which went on between the so-called eclectics and homeopathic physicians. I don't know if there is anyone in the room tonight who was in practice or was at medical school at the time Dr. Simons, who at that time was Editor of the *American Medical Journal*, waged a very strong fight in the A.M.A. to bring within the fold of the American Medical Association, the homeopaths. He was ridiculed, condemned and almost ostracized. My source of information on that fight came from Dr. Johnson who was Dean of Medicine at Northwestern.

As I look into the future I can see the time when we are going to bring within our fold the osteopaths and make doctors out of them. So I have no particular fight, whether it is osteopaths or non-osteopaths, that render

cians' Service in substance gamble a bit. They will not be able to charge their patients more than the amount they receive from C.P.S. for those who qualify in the income group, but the amount they receive for those services will depend upon the success of C.P.S.

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DR. JOHN HUNT SHEPHARD (Santa Clara County): I am appearing for two reasons. One is a little historical situation and the other is to ask an opinion from legal counsel.

You know, this fight that we have had for years in regard to the standing of chiropractors and osteopaths reminds me very much of the fight many, many years ago which went on between the so-called eclectics and homeopathic physicians. I don't know if there is anyone in the room tonight who was in practice or was at medical school at the time Dr. Simons, who at that time was Editor of the *American Medical Journal*, waged a very strong fight in the A.M.A. to bring within the fold of the American Medical Association, the homeopaths. He was ridiculed, condemned and almost ostracized. My source of information on that fight came from Dr. Johnson who was Dean of Medicine at Northwestern.

As I look into the future I can see the time when we are going to bring within our fold the osteopaths and make doctors out of them. So I have no particular fight, whether it is osteopaths or non-osteopaths, that render

service to the members of the California Physicians' Service. This is just a little prophecy I am making. We will see how it comes out.

There is another factor I wish to bring forth and that is this. Under Section 3 of this recommendation from our committee, which we have already adopted, there stems the fundamental theory upon which we started California Physicians' Service. You all know that at the time we started California Physicians' Service we started it on borrowed money from C.M.A. to the sum of $40,000.00, and $5.00 from each one of the members. That was our capital. In other words, we were not financially able to assume the personal responsibility and the legal responsibility of establishing an insurance company, which every indemnity plan is. Our plan comes directly under the Insurance Law of this State in regard to insurance companies.

In adopting Section 3 we have assumed a liability we may not be able to meet. In other words, if we meet the fee-for-service plan and there is nothing left for us, we get nothing. That is perfectly all right. If we adopt the indemnity plan ,we have a capital factor which reverses back of us in order to make good our contracts.

The question I wish to bring up from the legal standpoint is this. It seems to me, by including Section 5 or the modification of Section 5, as has been proposed, there is going to be a reaction in our hospitals. If we allow osteopaths to take care of the members of California Physicians' Service and they run to them to fix a broken leg or cut out a ruptured appendix or what-not, where are they going to hospitalize their patients? In Santa Clara County no man is eligible to work in either one of our two hospitals unless he is a member of the Santa Clara County Medical Society. I think the same thing holds true of many counties of the State.

Suppose we allow our physician members to assume full responsibility for the care of these members and a patient comes up that has to be hospitalized. Where is he going to hospitalize that patient? We will have to change our By-Laws in both the hospitals in Santa Clara County if they can do so. I do not believe that either of the hospitals will do so. I can see where there is going to be a tremendous uproar brought by an occasional person, and I can visualize that there will be some individual problems directly or indirectly connected with the legal fraternity who will intentionally employ an osteopath so that he can be turned down by a hospital in order to bring a fancy suit against the hospital and C.P.S.

I would like the attorney's opinion in regard to that matter.

MR. HASSARD: Mr. Speaker and Members of the House of Delegates: If I understand correctly the proposal contemplated originally in the Chandler Committee report and in the substitute recommendation number 5, all that C.P.S. would be doing, if they include the services of an osteopath, would be to reimburse the patient at some fee schedule for all or a part of the cost of the services of the osteopathic physician and surgeon. That would not involve any legal or moral obligation on the part of C.P.S. to provide any service, whether medical, surgical, hospital or otherwise. Its only obligation would be to reimburse a certain number of doctors after a service was rendered. Therefore, the hospitals would not be affected at all. They could continue to follow whatever their practice might be. C.P.S. would be in no different position than any other third party that agreed to guarantee some part of the payment of a bill. Do I answer you, Dr. Shephard?

DR. SHEPHARD: Yes, I believe so.

DR. SIDNEY J. SHIPMAN: As a member of the Chandler Committee, I would simply like to say that we knew this provision would arouse a good deal of comment and we were quite aware of the objections which have been raised here. We feel, however, that inasmuch as this has been put into effect in Michigan and it worked very well, it would work well here and that the advantages outweigh the disadvantages.

I would like to propose an entirely different section 5, which I may say has the approval of your legal counsel, to read:

That the Board of Trustees of C.P.S. be authorized to reimburse at such rates as they may determine for service rendered to beneficiary members by physicians and surgeons who are not C.P.S. physician members.

It seems to us somewhat clearer and more succinct than those which have gone before.

SPEAKER ASKEY: Do you move that as an amendment to the amendment?

DR. SHIPMAN: I move that as an amendment to the amendment.

DR. MADELEY: I will second the amendment.

SPEAKER ASKEY: This amendment is before you now. We must discuss the amendment now.

DR. MADELEY: May I cite a specific case? Occasionally there will be someone in the Los Angeles area, and this hasn't happened in our northern area yet, whose child, for instance, developed an acute appendix. The parents seek out a physician and surgeon. They have read that he is a "Physician and Surgeon" on his window; they go into his office; this child's appendix is taken out and then we get the bill or C.P.S. gets the bill. The surgery has been done by an osteopath.

In the beginning we refused to pay those claims. However we ran into some very disagreeable situations whereby an employer who was possibly paying part of his employee's C.P.S. prepaid medical care and then he comes back to C.P.S. and says "My employee who was guaranteed full coverage now has had his child's appendix out and you refused to pay the bill. If that is going to happen we will cancel our whole contract." We stand to lose 200 or 300 beneficiary members by failing to pay one bill. Those claims the Board of Trustees through the Administrative Members have paid and satisfied.

This problem, I think, the osteopaths recognize has been a problem before the C.M.A. for many years, at least the last four or five to my knowledge. I think it is wrong to throw into the lap of California Physicians' Service the problem of trying to solve this discrepancy of how much we are going to recognize the osteopaths in this State. I heartily approve of Dr. Shipman's suggestion and I think we should leave it up to your Board of Trustees and Administrative Members to take care of this problem, at least temporarily.

SPEAKER ASKEY: Dr. Canelo!

DR. C. KELLY CANELO (Santa Clara County): I rise to discuss the proposed paragraph 5 and its amendment because under both the original proposal and the amendment we guarantee or offer free choice of physician not only the M.D. but the osteopath. As I originally stood up, I was not talking about the osteopathic provision of paragraph 5 but was merely referring to the M.D. provision of it. Under the provision of paragraph 5 as originally presented and as amended, the C.P.S. professional members or physician members, if they choose to call them that, guarantee to render service to those people with a limited income, whatever that established limitation is, and to accept as full payment the unit value paid to him by the California Physicians' Service. The non-professional member or non-physician member under this provision will be allowed to take care of these beneficiary members and will be reimbursed under some sort of an indemnity provision and he does not guarantee to the beneficiary member that he will be satisfied with the fee as returned to him by California Physicians' Service.

We will, therefore, have conditions where we have two classifications of M.D.'s, the M.D. who will take full coverage and the M.D. who will not, and both classifications will have the approval of California Physicians' Service. There will be a definite tendency for California Physicians' Service professional members to drop out and become non-professional members since they can still care for those beneficiary members but might have the benefit of an added fee arranged with the beneficiary member. We will there be faced with a definite tendency toward a diminishing roll of professional membership and I believe that there is a very definite unfavorable reaction on the part of the public and it will very definitely unfavorably affect our stand and our argument against compulsory medicine.

I would like to ask the Reference Committee if it would consider presenting paragraph 5 as two separate items; one part of paragraph 5 to deal with the M.D. and one part to deal with those who are not M.D.'s.

SPEAKER ASKEY: Does the Chairman of the Committee wish to answer that question of Dr. Canelo's?

DR. DELPRAT: Mr. Chairman, we admit that this paragraph 5, as we rewrote it, has three distinct items in it. I would be very pleased to split that up in any manner, shape or form that suits the House of Delegates. I understood that you accepted an amendment to the amendment of number 5 which is written out here the way it was given to me. Would you like me to read it? Dr. Shipman read only the part that was affected by the second half of the thing that we wrote for number 5. Shall I read it all as a unit?

SPEAKER ASKEY: I think you had better leave it alone. You are at the end of the amendments. You cannot go further than the third degree and your only way out, at the present time, if you wish to start over, is to either withdraw your amendments or vote them down and then start over. This amendment which stands before you is on the second degree; it is an amendment to an amendment and you must either withdraw it or turn it down if you do not wish it to stand as proposed.

DR. MADELEY: May we have the amendment to the amendment read?

SPEAKER ASKEY: Dr. Shipman, will you read your amendment again?

DR. DELPRAT: May I do that for you, sir? It is in front of me. The reason I brought that up was that I knew this was the second amendment to an amendment; it could not go any further without this clarification. The amendment of Dr. Shipman will read as follows:

That the beneficiary members be free to choose any physician and surgeon holding an unrevoked and valid license issued by the State Board of Medical Examiners and that the California Physicians' Service make payment to such physician and surgeon chosen by the said beneficiary whether or not such beneficiary is a member of the California Physicians' Service, and, further, that the California Physicians' Service be authorized to reimburse at such rates as may be determined for services rendered to the beneficiary member by the physician and surgeon who is not a C.P.S. beneficiary member.

SPEAKER ASKEY: Dr. Shipman, will you clarify further your amendment?

DR. SHIPMAN: My intent was to substitute the following for number 5 in toto, namely:

That the Board of Trustees of C.P.S. be authorized to reimburse at such rates as may be determined services rendered to beneficiary members by physicians and surgeons who are not C.P.S. physician members.

Now, actually, what Dr. Canelo says is quite true. All of us who are members of C.P.S. will suffer to the extent of $5.00 which we put into the kitty when we began and because of the agreement which we made with C.P.S. when we subscribed, namely, that we will not charge extra fees over and above for the lower income group.

We talked this over with Mr. Ketchum, the Secretary of the Michigan State Medical Plan, who has had the same thing in effect. Their experience is that the objection which Dr. Canelo raised, and which is true, actually has very little bearing because the few people who are inclined to chisel do not last long in a plan such as this. Patients themselves soon seek out the people or the doctors who play fair with them; therefore, we feel that although a danger exists, it doesn't have very much actual bearing upon us.

SPEAKER ASKEY: This clarification means then that this would be the substitution for 5, if adopted, instead of the one that was given by Dr. Delprat.

DR. REMMEN: I move the previous question on the amendment to the amendment.

DR. KNEESHAW: I will second the motion.

SPEAKER ASKEY: There is a motion to move the previous question. This requires a two-thirds vote for the adoption of this rule and there is no discussion allowed.

All of those in favor of the motion which is to call for the previous question, which means to close debate on this amendment, say "aye," opposed "no."

. . . A vote was taken on the motion. . . .

SPEAKER ASKEY: The Chair is in doubt. All of those in favor of this motion will please rise? The motion is to close debate and vote the amendment without further debate. This is the amendment by Dr. Shipman. In other words, if you vote in this, you will merely call for a vote on Dr. Shipman's amendment without further debate.

. . . A standing vote was taken on the motion. . . .

SPEAKER ASKEY: The motion is carried by a two-thirds vote. We will, therefore call for a vote on Dr. Shipman's amendment. This does not require a two-thirds vote—it merely requires a majority.

All of those in favor of Dr. Shipman's amendment will please rise.

A MEMBER: I want to be quite clear before this vote is taken. I want to be sure that we understood that even if this amendment is put into the original paragraph 5, we then do not cut off debate on paragraph 5. Is that correct.

SPEAKER ASKEY: No, you do not. You still have the privilege of debate on the whole question, sir.

DR. DELPRAT: A point of order.

SPEAKER ASKEY: State your point.

DR. DELPRAT: My point is this: "to reimburse at such rates as may be determined." I assume it means reimburse the beneficiary members. Now, under the Veterans' contract, that is not possible.

SPEAKER ASKEY: What is your point of order?

DR. DELPRAT: If you vote this in, you are voting the Board of Trustees to do something which it cannot do because the Board of Trustees, if this were voted through and some individual had the care of a veteran and he was an osteopath, the Board of Trustees by its contract would be permitted to reimburse the individual, an osteopath, because of this contract.

SPEAKER ASKEY: I will rule on the one point that is before you. Your point of order is ruled out because these are separate contracts and we, as this House, are merely recommending to the California Physicians' Service what should be done; therefore, your point of order is out at this time.

DR. CLINE: I rise to a point of information. May we have information from the legal counsel as to the legality of this provision?

SPEAKER ASKEY: This is not discussion. That is a point of information that is desired. Will the legal counsel please answer the question?

MR. HASSARD: Mr. Speaker and Members of the House of Delegates: The amendment that is before the House is as follows:

That the Board of Trustees of C.P.S. be authorized to reimburse at such rates as it may determine services rendered to beneficiary members by physicians and surgeons who are not C.P.S. physician members.

The words "be authorized" is a granting of power; not a command. The amendment would permit the Board of Trustees to adopt a reimbursement schedule at any rate that it saw fit for physicians which would include osteopathic physicians and surgeons because legally the term "physician and surgeon" includes osteopathic physicians and surgeons who would not be physician members but it would not require the Board of Trustees to do it. That being the case, the amendment would have no effect whatever upon existing contracts of C.P.S. because the Board of Trustees is not put in a position of being forced to do anything. It may continue to carry out the contract with the Veterans' Administration which is definitely limited to those physicians who are Doctors of Medicine and, in addition, are physician members of C.P.S.

SPEAKER ASKEY: The Chair will now call for the vote.

A MEMBER: We haven't the true situation at all. Dr. Shipman presented a substitute, not an amendment but a substitution.

SPEAKER ASKEY: The substitution is an amendment, no matter what you call it.

A MEMBER: Where does it start to amend and where does it leave off?

SPEAKER ASKEY: The amendment is to substitute this for the substitution; in other word, what will happen will be this, and I will try to give it to you so you will understand it. If you adopt the amendment which is proposed and which you are to vote on, you then amend the amendment which they proposed and you will have to vote on accepting that. Then, if you accept that, you must accept the main motion and this would be to all intents the final motion. You have to go through two more steps in order to get there. If you accept that, your final motion will be this.

. . . The question was called for. . . .

SPEAKER ASKEY: The question is before you. All in favor of Dr. Shipman's amendment say "aye"; opposed "no."

. . . A vote was taken on the motion and it was carried, not unanimous. . . .

SPEAKER ASKEY: It is carried and so ordered. The amendment as amended is before you. It is open to discussion.

. . . The question was called for. . . .

SPEAKER ASKEY: The question is called for which is on the amendment as amended.

. . . A vote was taken on the motion and it was carried. . . .

SPEAKER ASKEY: The amendment is carried. In other words, number 5, as it now stands, is as Dr. Shipman read it. It is adopted and will be printed by the Editor.

DR. DELPRAT: That brings us down now, gentlemen, to number 6 as printed in your *Pre-Convention Bulletin.* This particular paragraph was amended by adding the words "from the C.P.S." after the word "receive." It now reads as amended by this Committee:

That all physicians receive from the C.P.S. the same fee according to the fee-for-service schedule.

It is merely an insertion of words there.

I move the adoption of this particular amendment.

. . . The motion was seconded. . . .

SPEAKER ASKEY: Is there discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

DR. DELPRAT: We come now to section 7. It states in the *Pre-Convention Bulletin* the words "Directors" and we wish to substitute the word "Trustees." We took the liberty of correcting that word.

I move the adoption of this section as amended to read "Board of Trustees."

. . . The motion was seconded. . . .

SPEAKER ASKEY: Is there discussion?

Dr. Madeley!

DR. MADELEY: I should like to move a substitution—that it read this way:

"Board of Directors of California Physcians' Service may revise the fee schedule biennially, this revision to be made upon the recommendation of a committee appointed by the Board of Trustees of the California Physicians' Service and that this schedule be maintained at a level as high as possible to insure the greatest coverage for the greatest number at the maximum practical fee to the physician."

I move the substitution of the "Board of Trustees of the California Physicians' Service rather than the Council of the C.M.A." for the particular reason that we can only pay so much on a fee schedule depending on how much money we have as income. We feel that the Board of Trustees know better how much money we have coming in advance than a committee appointed by the Council and a fee schedule committee appointed by the Board of Trustees can better work than a fee schedule committee appointed by the Council.

SPEAKER ASKEY: Dr. Delprat, we could avoid some confusion if you would accept that amendment.

DR. DELPRAT: Certainly.

SPEAKER ASKEY: There is now before you the acceptance of Dr. Madeley's interpretation of Dr. Delprat's amendment. Is there a second?

. . . The motion was seconded. . . .

SPEAKER ASKEY: Is there discussion?

Dr. Donald!

DR. WILLIAM G. DONALD (Alameda County): These things were thought of by your committee under Dr. Chandler and discussed. All of their objections were brought up by the members of the committee. There are many doctors who do not approve of C.P.S. as it is now constituted. They do not approve of the fee schedule or any part of it. They do not approve of the way it is run. They would feel much happier if an independent body proposed to the Trustees of C.P.S. a fair schedule.

I would agree to C.P.S. revising the schedule but so many doctors would feel greater confidence at this time if a neutral body such as the C.M.A. would help in setting the fee schedule so I feel that then C.P.S. would be in a better position. I don't feel myself that C.P.S. is not going to consult with C.M.A. but thereby it would be the doctors of the State and not a corporation that sets the fee.

SPEAKER ASKEY: Is there further discussion?

Dr. Cline!

DR. CLINE: I would object personally to the inclusion of the word "may." We have heard recently from a number of different sources that the Internists presented a resolution to that effect and that other members of the profession object to the maintenance of certain fee schedules which they feel might militate against them. They feel that we should have at least biennially some revision of the fee schedule. I think it would be a mistake. I think that hearings should be held and such revisions as are indicated should be made at that time and that provision should be mandatory rather than optional.

DR. CHANDLER: For my information do I understand the Chairman of the committee accepted the proposal of Dr. Madeley as the Committee's recommendation?

DR. DELPRAT: No. We think the thing should be combined; in other words, we are objecting to the Board of Trustees only when it means "Trustees" and from then on, we didn't object.

SPEAKER ASKEY: Is that in answer to your question, Dr. Madeley? It was, perhaps, the fault of your Speaker

that there was this misunderstanding. I think in view of the error of the Chair in directing your attention to that change, I should like to start all over and have you give your primary amendment and then we will start all over again.

DR. DELPRAT: My amendment was to correct the section to read "Trustees"; in other words, the word "Directors" was used when the word "Trustees" should have been used.

SPEAKER ASKEY: The only change there is the substitution of the word "Trustees" for "Directors." That is all.

DR. CHANDLER: Before Dr. Madeley has a chance to formally put this up again, I would like to call your attention to the point that he makes in recommending that this again be changed in that his change or amendment would lead to a revision of the fee schedule solely by the Board of Trustees. As it is now, it is compulsory that it be revised biennially. Dr. Madeley's point is that it be at the discretion of the Board. Number 2 of Dr. Madeley's points was that the revision be made by the Board of Trustees or a committee appointed by the Board.

This, again, was discussed by the committee at some length. If you will go back to the original discussion of the committee you will find that changing "Directors" to "Trustees" was an error in grammar and that there was intended to be revised biennially the fee schedule on the recommendation of a committee of outside doctors, not the directing board that is running the business.

I move and urge you to adopt the amendment as recommended by the committee.

. . . The motion was seconded. . . .

SPEAKER ASKEY: Dr. Madeley, do you now wish to make your amendment?

DR. MADELEY: My point of contention is, perhaps, on this basis. We have for the past several years been working on a change of fee schedule. It has taken us a solid year. The Board of Trustees felt exactly as this committee has—that is should be an entire outside group of doctors not connected at all with the California Physicians' Service who would adopt a fee schedule for the entire State. We appointed a Fee Schedule Committee and, first of all, it was very difficult to even get a Fee Schedule Committee together. The committee consisted of five members, extending from San Diego to Eureka. Every specialist that could be brought out was put on this Fee Schedule Committee. They met several times. They had hearings and when it finally came down to voting a radiological fee schedule, even though we had a radiologist on that Fee Schedule Committee, he didn't want to take it upon himself to set fees for the entire profession; therefore, the entire fee schedule was referred to the Pacific Coast Radiological Society who then adopted their fee schedule.

Now, we can pay out in fees as much money as we can collect. We feel, or I, personally feel, speaking as a Delegate and not as a member of the Board of Trustees, if you trust your Trustees, they will spend the money in the best way possible and at least we should have the power to appoint an unbiased fee schedule committee to develop fee schedules that we can adopt and work by. We feel that we are going to be just as unbiased as any other outside group, whether it be the Council of the C.M.A. or anyone else, and we are going to give fair fee schedules that can be workable. We can't put out any more than we can collect and certainly it is only biennially that we can get that many people together for enough time to change your fee schedule. It just hasn't worked out practically in the two years I have sat on the Board so I move that we may revise this fee schedule biennially and "biennially" means, I am sure, that your Board of Trustees will do that as often as necessary, sir. I think you should trust your Board of Trustees enough to have the privilege to appoint the men who are going to adjust that schedule.

SPEAKER ASKEY: Do you move to change the words "Directors" to "Board of Trustees of C.P.S." and add the word "may"?

DR. MADELEY: Yes.

. . . The motion was seconded. . . .

SPEAKER ASKEY: As it stands now, there is a motion to adopt number 7 by amending it to read "Trustees" instead of "Directors"; then there is an amendment to that to change it by adding the word "may" and changing "Council of the C.M.A." to "Board of Trustees."

Now, do we understand it? Is there discussion upon that amendment?

. . . The question was called for. . . .

SPEAKER ASKEY: Dr. Cass!

DR. DONALD CASS: The Council of the C.M.A. has the authority to act on anything pertaining to the Trustees of C.P.S.; isn't that a fact?

SPEAKER ASKEY: That is right.

DR. CASS: Then it would be my opinion that it would be out of order for the Council of the C.M.A. to appoint a committee to tell the Trustees of C.P.S. how much money they are going to pay.

SPEAKER ASKEY: This is a recommendation. The Trustees of C.P.S. could detail to the Council of the C.M.A. to appoint such a committee. I think it would be in order. They wouldn't have to do it but they would probably do it.

Dr. Bender!

DR. WILLIAM L. BENDER (San Francisco): I think there should be a mandatory period of review set. If it is semi-annually and that is too often, then I believe it should be annually. It isn't that we here cannot trust our Trustees. We do, but the Secretary of the Los Angeles County Medical Society pointed out everything we can do to instill confidence of all the physicians, which is shaky in very many localities, in their chance of getting a fair deal under the revision of the fee schedule when they consider them inadequate and unfair. It will instill confidence in any physician member and we all agree that is necessary.

SPEAKER ASKEY: Is there discussion on the amendment?

DR. SHEPHARD: Do I understand that this amendment refers to optional or mandatory?

SPEAKER ASKEY: The Board of Trustees "may."

DR. SHEPHARD: It should be upon this one phase and the insertion of the word "may" is under discussion now in this amendment. I have nothing to say on it. When it came up I was going to make a motion on another factor which is not included in the amendment.

SPEAKER ASKEY: Is there further discussion on the amendment?

Dr. Crane!

DR. CRANE: Personally, I think we are wasting a lot of time on this. I don't think it makes any difference whether the Board of Trustees appoint the committee to revise the fee schedule or whether the C.M.A. Council does it. It is all the same group and I think we might as well let the Board of Trustees do it if they wish and just take a lot of work off the Council of the California Medical Association.

Now, as far as "may," or making it mandatory, I would be willing to say annually rather than biennially but I believe it should be mandatory, at least once a year, to revise the fee schedule.

SPEAKER ASKEY: Is there further discussion of this?

DR. LESLIE B. MAGOON (Santa Clara County): If the word "may" be inserted in the first sentence, it would be my interpretation that that would limit the frequency of the revision to every two years. It is conceivable that

since the safety valve of the unit no longer exists that an emergency reduction of that fee might still be necessary if there were an epidemic of some sort.

I think, perhaps, it might be worded to say "at least biennially," leaving it possible to have that revision more often rather than less often, if necessary.

DR. DELPRAT: As Chairman of the Fee Schedule Committee for the last year, I would like to see this revision done annually. When our committee of five, as Dr. Madeley mentioned, met very frequently and communicated by mail incessantly, with the help of the Board of Trustees, we cut out a schedule and, judging from the amount of correspondence we have had, I think the volume of business justifies an annual revision.

SPEAKER ASKEYS The question is on the amendment. Is there further discussion.

DR. SHEPHARD: I should like to ask to speak. If we vote upon this question of inserting the word "may" in there, as proposed, and it is carried, does that carry the entire paragraph as now written or it is open for discussion on other points.

DR. CHANDLER: I think that is not clear. As I understand it, the amendment inserts the word "may" and revises the appointment of the committee to the authority of the C.P.S. Trustees, not the C.M.A.

SPEAKER ASKEY: The choice is up to the Board of Trustees—isn't that what you asked? You asked, Dr. Shephard, if we accept this amendment, if the amendment would still be open for discussion. The amendment will still be open for discussion. The question before you is on the amendment of Dr. Madeley which adds the word "may" and changes the words "Council of the C.M.A." to "Trustees of C.P.S."

DR. DOUGHTY: A point of information. If this is adopted, it will mean, will it not, that it will be mandatory upon the Board of Trustees to accept the fee schedule as recommended by the committee?

SPEAKER ASKEY: No, it does not.

DR. DOUGHTY: If you insert the word "may," it will not be; if you turn it down, it will be mandatory and there will be no relationship between it and what the committee recommends.

SPEAKER ASKEY: Is there further discussion?

. . . There being no further discussion, a vote was taken on the amendment, and the amendment was lost. . . .

SPEAKER ASKEY: The amendment is lost. The amendment as first proposed, which is that the change of the word "Director" to "Trustees" will be the only change in number 7. Is there further discussion on that amendment?

. . . The question was called for, the motion was put to a vote and was carried. . . .

SPEAKER ASKEY: It is carried as amended.

DR. DELPRAT: Now we come to section number 8, in regard to the income level. The committee recommends the adoption of section 8 as stated. I so move.

. . . The motion was seconded. . . .

SPEAKER ASKEY: Is there discussion on that?

DR. ERNEST W. PAGE (Alameda County): It was probably the intention of the committee to change that $3,000 upper income level for those with dependents at the family income level but inasmuch as it does not state so, I would propose an amendment to insert "family" so that it might read that the upper income level of fee-for-service be established at $2,400 for an individual without dependents and $3,000 annual gross family income for an individual with dependents.

SPEAKER ASKEY: Is there a second to that amendment?

. . . The motion was variously seconded. . . .

SPEAKER ASKEY: Is there discussion on that—the addition of the world "family"? This is an amendment.

. . . There being no discussion, the motion was put to a vote and the amendment was carried. . . .

SPEAKER ASKEY: It is amended. Is there further discussion on the motion?

. . . The question was called for. . . .

SPEAKER ASKEY: The question is called for. The question is on the motion as amended.

. . . The motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: The motion is carried as amended.

DR. DELPRAT: We come now to number 9.

The committee has studied section number 9 and recommends its adoption as stated in the *Bulletin.*

DR. CLINE: I second the motion.

SPEAKER ASKEY: It has been moved and seconded that this section be adopted as stated in the *Bulletin.* Is there discussion?

DR. PETER BLONG (Los Angeles County): A point of information. Does not the committee mean hospital service must be on a state-wide basis and integrated with medical service rather than synchronized with medical service?

SPEAKER ASKEY: What is the interpretation of the committee on that?

DR. DELPRAT: I think that is the interpretation the committee had in mind. We will stand corrected.

SPEAKER ASKEY: We will take it then that the committee's interpretation will be "integrated" instead of "synchronized," unless there is some objection. Is there discussion?

. . . There being no discussion, the question was called for, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is adopted.

DR. DELPRAT: The committee studied section number 10 and recommends its adoption as stated in the *Bulletin.* I so move.

DR. SHEPHARD: I second the motion.

SPEAKER ASKEY: Is there any discussion on the adoption of this point number 10?

DR. DOUGHTY: There is just another way of reducing your administrative expense by adding another administrative cost. We should have learned that the California Medical Association doesn't learn very much from spending money for surveys and I think, even if we spent $50,000 for extra auditors, it will not be a reduction of administrative expense and will not be of any advantage whatsoever.

SPEAKER ASKEYS Is there further discussion on the motion to adopt number 10?

. . . There being no further discussion, the motion was put to a vote. . . .

SPEAKER ASKEY: The Chair believes that number 10 is lost.

DR. DELPRAT: We come now to number 11.

. . . A standing vote was called for on the previous motion. . . .

SPEAKER ASKEY: The Chair has already ruled. Is there a motion?

DR. CHANDLER: I move we re-consider.

SPEAKER ASKEY: Is there a second?

DR. SHEPHARD: I second the motion.

DR. CLINE: I appeal from the ruling of the Chair.

SPEAKER ASKEY: There is an appeal from the ruling of the Chair.

DR. HOFFMAN: Will the Chair poll Dr. Chandler and ask him how he voted, in the affirmative or the negative?

SPEAKER ASKEY: How did you vote?

DR. CHANDLER: I voted for it.

SPEAKER ASKEY: He is in order.

A MEMBER: The Chair did not rule. The Chair said, "I believe it is lost" and didn't say "It is so ordered."

SPEAKER ASKEY: You are right. I did not announce it. Do you wish to appeal from my ruling?

There is call for a division on the vote. All of those in favor of the motion to adopt number 10 please rise.

. . . A rising vote was taken on the motion. . . .

SPEAKER ASKEY: The motion is carried, 74 to 67.

You will proceed.

DR. DELPRAT: We come now to number 11.

The Reference Committee has studied number 11 and recommends it be adopted as written in the *Bulletin*. I so move, Mr. Chairman.

DR. DONALD: I second the motion.

SPEAKER ASKEY: Is there discussion?

DR. C. GLENN CURTIS: In discussing number 11, I feel, as a member of the Board of Trustees of C.P.S., and also as a Delegate of Orange County, that we should have some business men on the Board of Trustees. I think we should have these business men just as soon as we are able to handle them. I do not feel that C.P.S. is on a sound enough basis at the present time to bring in four outside men. I would like to offer an amendment to the motion that we have two men added this year and if you want two more next year, all right, but let us make the amendment to read that we add two men who are not Doctors of Medicine, who are business men this year.

SPEAKER ASKEY: There is a motion to amend by substituting the word "two" for "four." Is there a second to the amendment?

A MEMBER: I second the motion.

SPEAKER ASKEY: It is now open for discussion.

DR. WILLIAM L. BENDER (San Francisco): It strikes me as being quite inconsistent when the Chandler Committee, on the one hand, insists on the reduction of the operating expenses, the administrative expense, and, on the other hand, adds a very considerable item to the cost of operating the system.

In the first place, I should like to object to that inconsistency. Secondly, I would like to know what would be the additional cost to the system if number 10 and number 11 are adopted.

SPEAKER ASKEY: Is there anyone who can answer that question? I think that would be difficult to answer. It would depend on what we required. Is there anybody who can answer that? Dr. Chandler!

DR. CHANDLER: I am not sure I can answer it with authority but I can certainly give you the opinion of the committee in making this recommendation.

First, concerning number 10, we were unable to find at the time we submitted these recommendations the report of any survey that we feel was comprehensive by a competent group that was available to us. Granted that there have been several studies made, and there were at least two that were in process of being made and we were advised that at least one, and I believe both of them, had been completed, but the reports were not available to our committee. Now it is my belief that number 10 could be executed undoubtedly by receiving or having access to the surveys that are now completed and which our committee do not have. I doubt very much if it is going to cost C.P.S. anything to have available such a survey including business administration, actuarial procedure and so forth. I may be wrong and if Dr. Goin were here maybe he could answer that question.

As to number 11, as to the increase in the size of the Board of Trustees, and the inclusion of four—and I don't know why we thought of four instead of three, five or two—but a small number of the Board of Trustees to be composed of recognized, experienced nonmedical business administrators who are trained and experienced in the business of evaluating their own procedure, financial reports and recommendations from their own administrators, would not be rude and insulting to our present members of the Board of Trustees of C.P.S. I have heard two of them say they did not know how to read an operating or a financial statement. I am not surprised. I don't know how to read one. I don't know why doctors should be trained or experienced in that sort of thing but these are business men, outside of medicine, whom the committee believed would be a help to the Board, not a hindrance, and it would really be helpful to the Board to have that kind of brains on the Board purely from a business administrative point of view. Maybe we are wrong. Thank you.

SPEAKER ASKEY: Dr. Madeley!

DR. MADELEY: I could visualize the time when California Physicians' Service has a membership of one million and the entire profession of the State is perfectly satisfied with its procedures and the fee schedule is adopted and it is paying a full par unit value; when it won't make any difference who sits on your Board, whether they be lay, doctors, or what-not.

At the present time there is still considerable work to do in regard to professional relationships. You should be surprised how much time is taken up in your Trustee meetings in trying to solve how we can sell the doctors this idea; how can we get complete professional coöperation in this state-wide plan; how much of the time is taken up on purely medical matters of the patient-doctor relationship; how much of the time is taken up in trying to establish how much we can afford to pay for a certain medical procedure. I don't know any laymen, in the course of getting this program adopted, who wouldn't go home and question in their own minds, do these doctors know what it is all about; do these doctors in the profession know what in the world they are trying to do.

I can say I certainly would like to see labor and lay people and industry and everybody represented in this fine organization, once it gets on a good, sound track. Let us doctors work the thing out as doctors until we get it going.

SPEAKER ASKEY: Is there further discussion?

DR. DONALD: Mr. Speaker, may I tell Dr. Madeley how we can get the confidence of the doctors in the Board of Trustees to a greater degree? That is put on men who are trained in business administration and not sit and wonder about how your business is going to be run. If you have on your board of directors trained men, not in cutting out an appendix or diagnosing histoplasmosis, but in diagnosing financial returns and telling you when you have got to raise your premium, which you can do and have done, 33 per cent, and not lose a half of 1 per cent of your subscribers, men who can tell you when you are solvent and when you are not; I can tell you you will have more confidence in what you are trying to do from doctors than by molly-coddling yourselves. (Applause.)

. . . The question was called for. . . .

DR. DONALD D. LUM (Alameda County): As a member of the Board of Trustees of C.P.S., I agree with Dr. Madeley. We do not need the doctors. I think there is still room for advice from business men on the Board. We really think that C.P.S. must be controlled by the medical profession. It still would be but we would have the advantage of business advice during the period of development that we are going through.

SPEAKER ASKEY: Is there further discussion on the amendment which is to change the word "four" to "two"?

. . . The question was called for. . . .

A MEMBER: That would also change "eleven" to "fiifteen."

SPEAKER ASKEY: It wouldn't change that.

DR. DOUGHTY: I move to amend the amendment by striking out the word "fifteen" and substituting "thirteen."

SPEAKER ASKEY: Is there a second to that?

DR. TURNBULL: I second the amendment.

SPEAKER ASKEY: Is there discussion on the amendment?

If not, all of those in favor of the second amendment, which changes the word "fifteen" say "aye"; opposed "no."

. . . A vote was taken on the amendment.

SPEAKER ASKEY: It is lost. The word "fiifteen" remains. We are back on the amendment which merely changes the word "four" to "two."

. . . The question was called for, the motion was put to a vote and it was not carried. . . .

SPEAKER ASKEY: The motion is lost. The motion before you is to accept paragraph number 11 as it stands.

. . . The question was called for, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is carried and so ordered.

DR. DELPRAT: This brings us down to number 12. The committee conceived that 12 and 13 are very similar import and these two items were combined into a substitute, reading as follows:

That the Board of Trustees of California Physicians' Service conduct, direct and control the affairs of the California Physicians' Service, employing such executives, directors and assistants as may be necessary, and delegating such authority and duties to each as sound business principles dictate.

I move the adoption of this portion of it.

SPEAKER ASKEY: The motion is to adopt number 12 and 13 as amended by the substitution just read to you.

DR. DEWEY: I will second the motion.

SPEAKER ASKEY: Is there discussion on this?

. . . There being no discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: The motion is adopted as amended.

DR. DELPRAT: We come now to paragraph 14. The committee recommends its adoption as written in the *Bulletin*. I so move, Mr. Chairman.

DR. SHEPHARD: I so second.

. . . There being no discussion, the question was called for, the motion put to a vote and it was carried. . . .

SPEAKER ASKEY: It is carried.

DR. DELPRAT: Number 15. The committee recommends the adoption of this recommendation as published in the *Bulletin*. I so move.

DR. DEWEY: I will second the motion.

SPEAKER ASKEY: Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is adopted.

DR. DELPRAT: In regard to number 16, the committee wishes to amend this paragraph by inserting on the third line after the words "voluntary systems of prepaid medical care," the words "approved by the Council"; otherwise, it reads exactly the same. I move this be adopted.

DR. DONALD: I second the motion.

SPEAKER ASKEY: Is there discussion?

. . . There being no discussion, the question was called for, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is carried.

DR. DELPRAT: I move that the Report of Reference Committee Number 1 as amended during the evening be adopted and approved as a whole.

DR. CURTIS: I will second the motion.

DR. CLINE: A point of information. What about Report of the Council?

SPEAKER ASKEY: That comes under Committee Number 2.

The motion is on the adoption of the report as a whole as amended. Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

DR. DELPRAT: Mr. Speaker, I move that the report just accepted of Reference Committee Number 1 as amended be forwarded to the meeting of the Administrative Members of the California Physicians' Service.

DR. GROGAN: I second the motion:

. . . The motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is so referred and at this time the Chair will declare a recess of the House of Delegates to last while the Administrative Members of the C.P.S. meeting is in progress, at the end of which time we will again take up our meeting.

We will turn the meeting over at this time to Dr. Goin.

. . . The House recessed, and following the recess, the Administrative Members of C.P.S. were in session. . .

* * *

(The House of Delegates, together with elected Administrative Members, then sat as the Administrative Members of California Physicians' Service. Minutes of this meeting will appear in the next issue of this publication.)

* * *

Post-Recess Meeting of the C.M.A. House of Delegates

The House of Delegates re-convened, after recess, immediately following the meeting of the Administrative Members of California Physicians' Service, at 10:45 P.M., Thursday, May 9, 1946, Vice-Speaker Alesen calling the meeting to order.

VICE-SPEAKER ALESEN: We will now hear the report of Reference Committee Number 2.

Report of Reference Committee No. 2

E. T. REMMEN (Chairman): Mr. Speaker and Members of the House of Delegates: Your Reference Committee has carefully considered the *Report of the Council* and the *Reports of the Secretary-Treasurer* and *Executive Secretary* of the California Medical Association as published in the *Pre-Convention Bulletin* and, in addition, a supplementary report submitted by the Council. It has also considered the reports of the *Component County Medical Associations* as published. If members of the House will turn to Page 9 of the *Pre-Convention Bulletin* it may expedite proceedings.

1. *Report of the Council.*

Sections 1 to 6 inclusive are narrative in character, apparently require no comment, and are approved by your committee. Mr. Speaker, I move the adoption of this portion of the report.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

Section 7. The Council suggests that the thanks of the Association be extended by the House of Delegates to the State and County Committees who have served so faithfully in the work of Procurement and Assignment. Our particular gratitude is due to the late Dr. Edward M. Pallette and to Doctors Harold A. Fletcher, William H. Kiger and Clarance G. Toland. Mr. Speaker, I move the adoption of this section of the report.

. . . The motion was seconded, it was put to a vote and unanimously carried. . . .

Section 8. At the last Annual Session, the House of Delegates directed that an *Advisory Planning Committee* be created. This committee, now familiarly and affectionately known as the "Super-Drooper Committee," has included in its membership Messrs. John Hunton, Stanley K. Cochems, Benjamin Harrison Read, Howard Hassard, Esq., Rollen Waterson and Frank J. Kihm, all well and favorably known to members of this House. Their recommendations and studies have been carefully prepared, and are well worth-while. The committee has

entirely justified its formation and, in the opinion of your Reference Committee, should be continued. Mr. Speaker, I move the adoption of this portion of the report.

DR. ROBERT E. GROGAN: I second the motion.

. . . The motion was put to a vote and unanimously carried. . . .

Section 9. Attention is invited to the 1946 Annual Session of the American Medical Association, which will be held in San Francisco during the first week in July. The San Francisco County Medical Society has again undertaken the heavy responsibility of acting as host to the visiting delegates and physicians. The San Francisco Society is deserving of our gratitude for bringing this important meeting to the Coast.

Section 10. The Council has expressed appreciation of the services rendered to the California Medical Association by members of the Woman's Auxiliary. The Auxiliary's new publication, *The Courier*, should do much to increase the efficiency of the organization, which is becoming increasingly valuable to us. Your committee recommends that the House of Delegates join in the Council's expression. Mr. Speaker, I move the adoption of this portion of the report.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

Section 11. The Council has recognized the fact that if an adequate history of the founding and growth of the California Medical Association is ever to be written, it must be done now, before such records as still exist are hopelessly lost, and while men whose memories cover a large span of its existence are still living. Recognizing that no person is as well qualified by experience, interest and temperament to do this as is our beloved George H. Kress, the Council has, by resolution, designated him Honorary Historian.

Your Reference Committee heartily concurs in the eminent propriety of this action and further recommends that the Council provide the Committee on History of the California Medical Association, from time to time, such funds for incidental expenses as may be needed during the next few years, to permit Dr. Kress to carry this important work to a worthy and successful conclusion. Mr. Speaker, I move the adoption of this portion of the report.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

Section 12. The survey of California Hospitals now being carried on through the State Department of Public Health is of importance, and the Council asks the coöperation of all persons concerned. Your committee recommends approval. Mr. Speaker, I move the adoption of this portion of the report.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

Section 13. After forty-two years of devoted service to the county, state and national medical organizations, advancing years have brought our Secretary and Editor, Dr. Kress, to retirement from the life of intense activity which he has spent in loyal service to all of us. Dr. Kress has served his profession and the science of medicine more loyally than his own financial interests and he reaches the age of retirement, rich in a sense of duty well done and in the love of his fellows, but not in this world's goods.

The Council has adopted the following resolution:

Resolved, **That the Council include in its Annual Report to the House of Delegtaes at the May, 1946, session, a recommendation that Doctor George H. Kress, presently the Secretary and Editor of the Association, be granted retirement status and that in recognition of his many years of continuous devoted service to the welfare of the Association, Doctor Kress be granted a pension for life, commencing at the end of the 1946 annual session, payable at the rate of $315.00 (Three Hundred and Fifteen Dollars) per month; provided, only, that in any month or months during which Doctor Kress accepts or undertakes any salaried position or positions carrying the aggregate compensation in excess of $15.00 (Fifteen Dollars) per month, then for such month or months, Doctor Kress shall not receive the monthly pension aforesaid.**

Even if Dr. Kress had lost the brightness of eye, keenness of intellect and great good humor, which we have all long admired, he would still have earned well this token of our esteem.

Your committee heartily concurs in and asks this House of Delegates to approve the action of the Council. Mr. Speaker, I move the adoption of this portion of the Council's action.

. . . The motion was seconded and put to a vote. . . .

DR. JOHN HUNT SHEPHARD (Santa Calara County): I wish to speak to this.

VICE-SPEAKER ALESEN: The Chair has not announced the decision. You may do so and approach the rostrum, please.

DR. SHEPHARD: Members of the House of Delegates: I most heartily am in favor of this resolution except the last part. I have worked intimately in this Association with Dr. Kress for the past 25 years. I do not believe it is proper or fitting that in the event someone recognizes his unusual capacity and hires him for some other job that he should be deprived of what I consider is his just due from this organization.

I would like to offer an amendment in that if he accepts a position carrying an aggregate compensation in excess of $15.00 per month that whatever sum is in excess of the $15.00 a month from private employment that this sum be deducted from the $315.00 pension which we are paying him.

DR. CLINE: Mr. Speaker, this resolution of the Council took into account several factors. I don't believe the Council has any objection to the amendment presented but Dr. Kress will draw, and in the event of his death his widow will draw, Social Security which will make up the proportion of his total compensation. That, undoubtedly, is the plan as it is not permissible for a person to be gainfully employed at a rate greater than $15.00 a month. There was no desire on the part of the Council to limit Dr. Kress.

VICE-SPEAKER ALESEN: I do not hear a second to Dr. Shephard's amendment and for that reason the Chair will rule it is lost. Do you now wish to vote upon the recommendation of the committee on this section? Is there any further discussion?

. . . There being no further discussion, the motion was put to a vote and it was carried. . . .

VICE-SPEAKER ALESEN: It is carried and so ordered.

DR. REMMEN: Sections 14 to 18 inclusive. The activities of the Council recited in these sections meet with the approval of the committee and apparently require no special action by the House at this time, with the exception of the proposed amendment to the Constitution which would abolish the requirement that the Secretary-Editor be a Doctor of Medicine, upon which your committee expresses no opinion since the question is not properly debatable at this time.

The Council has proposed the following resolution to be introduced by the California Medical Association's delegation to the Convention of the American Medical Association:

WHEREAS, The medical profession in the United States is irrevocably opposed to compulsory health insurance and government control of the physician-patient relationship; but

The medical profession, however, whole-heartedly supports the national medical care program adopted by the Board of Trustees of the A.M.A.—a program calculated to bring prepaid medical care to the American people on a voluntary free enterprise basis; and

If government controlled medicine is to be prevented it is imperative that a united front of all business, agriculture, labor, veterans and other groups and organizatoins that are in favor of free enterprise and the American system be established immediately; and

The medical profession must take the lead in creating a united front and in the coördination of all such groups and organizations to the end that an effective campaign be prosecuted with vigor; and

It is likewise imperative that action be taken now—tomorrow may be too late.

Now, Therefore, Be It Resolved, (1) The A.M.A. immediately secure the most competent and experienced legislative representative that can be found to represent the Association at Washington, D. C.—instead of the skeleton set-up now sometimes used.

(2) That such representative be given complete authority and full coöperation, financial and otherwise, in the carrying out of the policies of the A.M.A., including the establishment of a united front against government controlled medicine.

(3) That the most competent and outstanding public relations counsel that can be found in the United States be employed immediately to bring to the American public the real story of medicine and the cost of medical care.

(4) That the national medical care program adopted by the House of Delegates of the A.M.A. and by the Board of Trustees of the A.M.A. immediately be implemented by sufficient appropriation of funds of the A.M.A. to permit the program to be established by those state medical societies that have not as yet been able to permit a real nationwide furthering of existing and flourishing prepaid medical care plans.

(5) The foregoing plan of action should replace all of the existing organizations that are endeavoring to do legislative work on a national scale.

The committee concurs in the principles set forth in the resolution. Mr. Chairman, I move the adoption of of this portion of the report. (See page 405.)

. . . The motion was seconded, put to a vote and unanimously carried.

DR. REMMEN: The Council has approved a proposed study of child health services which is to be made by the American Academy of Pediatrics for the purpose of gathering necessary facts from which future plans can be developed and to determine the quality and extent of such services now available. It is believed by the Academy that physicians are in the best position to develop constructive plans for medical service to children. The program has been approved by the American Medical Association. Your committee approves of the Council's action in this matter. Mr. Speaker, I move the adoption of this portion of the report.

. . . The motion was seconded, put to a vote and carried. . . .

DR. REMMEN: Mr. Speaker, I move the adoption of the *Report of the Council* as a whole.

DR. GROGAN: I second the motion.

. . . The motion was put to a vote and it was carried. . . .

2. Report of the Secretary-Treasurer.

The reports of the Secretary-Treasurer, including the 1945 budget, and the Report of the Certified Public Accountant, Hood and Strong, of San Francisco, have been carefully studied by the Committee. Expenditures last year totaled $235,532.18 as compared with an original budget estimate of $116,588.00, and as compared with total expenditures in 1944 of $134,809.90. Most of this increase was due to heavy expenses incident to the defeat of strong efforts to inflict compulsory health insurance upon the people of California. Funds were also applied to the furtherance of California Physicians' Service, and to a well planned campaign of education of the public in matters of health insurance and other pertinent subjects. Although a detailed report of expenditures has not been published, your Reference Committee have satisfied themselves as to the nature and purpose of the expenditures and as to the necessity therefor. All vouchers and accounts covering such expenses have been reviewed and found to be in order by Messrs. Hood and Strong, Certified Public Accountants.

It is the opinion of the committee that all expenditures by the Council have been essential. The attention of the House is called to the financial statement on Pages 13, 14, 15, 16 and 17 of the Annual Session Report. Your committee approves the report of the Secretary-Treasurer. Mr. Speaker, I move the adoption of this portion of the report.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

3. Report of the Executive Secretary.

The attention of the House is invited to Section 3 of the Executive Secretary's Report on Page 17. It is gratifying to note the increase in advertising revenue earned by CALIFORNIA AND WESTERN MEDICINE. It is recommended by your committee that the Council be requested to appoint a committee on advertising policy with whom the Executive Secretary, in his capacity as business manager of the JOURNAL, may consult concerning the suitability of proposed advertising.

Mr. Speaker, I move the adoption of this portion of the report.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

DR. REMMEN: Attention is called to the recommendation of the Executive Secretary that arrangements be made as soon as possible for the establishment of group malpractice insurance coverage throughout California. The committee recommends that the Council study the advisability of such a program.

Mr. Speaker, I move the adoption of this portion of the report.

. . . The motion was put to a vote and it was unanimously carried. . . .

DR. REMMEN: The committee also approves the Executive Secretary's recommendation that legislation be sought to strengthen the Industrial Accident Commission in the matter of establishing, enforcing and reviewing medical and surgical fee schedules and preventing rebates, fee cutting, fee splitting and other evils long associated with this work.

Mr. Speaker, I move the adoption of this portion of the report.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

DR. REMMEN: Mr. Speaker, your Committee commends the work of the Executive Secretary during the past year and approves his report.

I move the adoption of this portion of the report.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

4. Report of the Editor.

The committee invites attention to the Report of the Editor, Dr. George H. Kress, who has edited the official journal since 1927, is now retiring. The committee desires to express its appreciation of Dr. Kress' labors which have brought CALIFORNIA AND WESTERN MEDICINE into the forefront of state medical publications, and extends to him every good wish in the historical work which he is to undertake.

Mr. Speaker, I move the adoption of this portion of the report.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

5. Reports of County Medical Societies.

The committee has read with interest the reports of the secretaries of the component county societies published in the *Pre-Convention Bulletin.* The secretaries speak of efforts made by their societies to aid members returning from service to secure office space, hospital facilities, and in some instances financial assistance to reëstablish themselves in practice. There is a general

expression of deep appreciation of the great service rendered to the nation and to ourselves by our military members, and the efforts made by the county societies to assist them are most commendable.

Los Angeles County has inaugurated a system of lectures and interviews required of each applicant for membership, which is known as an indoctrination program. About 250 applicants have so far taken this course. It has met with the general approval of applicants for membership who feel they have acquired much information of value. At the same time, it has given officers and committeemen of the Association an opportunity to become acquainted with new applicants and to interest them in society activities, which would not otherwise be possible in so large a society. The indoctrination program is attracting nationwide attention. The Los Angeles County Medical Association is making plans to enlarge its headquarters building.

The Alameda County Society during the year employed a full-time Executive Secretary, Mr. Rollen Waterson. The society has undertaken many new activities, which are described in the report of Dr. Dorothy Allen, Secretary.

The San Francisco County Medical Society, likewise appointed an Executive Secretary, Mr. Frank J. Kihm, in September, 1945. An interesting activity of the San Francisco Society is that of the Irwin Blood Bank.

Your committee is informed that the Santa Clara County Society has also recently employed an Executive Secretary.

It is the opinion of your committee that the component county societies are, with few, if any, exceptions, in a healthy and flourishing condition.

Mr. Speaker, I move the adoption of their reports.

. . . The motion was put to a vote and it was unanimously carried. . . .

DR. REMMEN: Mr. Speaker, I move the adoption of this report as a whole.

. . . The motion was seconded. . . .

SPEAKER ASKEY: You are voting upon the adoption of the Report of the Reference Committee as a whole. Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is carried and so ordered.

Next will be the Report of Reference Committee Number 3, Dr. Dwight L. Wilbur, Chairman. Dr. Wilbur!

Report of Reference Committee No. 3

DR. DWIGHT L. WILBUR (Chairman): Mr. Chairman and Members of the House of Delegates: The hour is late. I would like to move that the By-Laws be set aside so that we may avoid reading of each resolution.

SPEAKER ASKEY: That has to be done at the start of the meeting.

I wonder if it would be possible to have the resolutions passed among the members of the House.

. . . Copies of the resolutions were distributed to the Members of the House of Delegates. . . .

DR. WILBUR: I think it is very appropriate at this time that we thank the members of the secretary's staff who helped in the preparation of these resolutions and copies of the report for you.

The members of Reference Committee Number 3 have been Doctors C. J. Berne, Los Angeles; Doctor A. E. Moore, San Diego and myself. In considering all matters of business referred to it, the committee has consulted with many members of the House of Delegates, of the Council of the C.M.A., of the Board of Trustees of C.P.S., and officers of the C.M.A., and wishes to submit the following report:

Constitutional Amendment: Proposed Amendment to C.M.A. Constitution—Re: Ex-officio Members of Council

The only change in the Constitution which this amendment includes is that the Vice-Speaker of the House of Delegates becomes an ex-officio member of the Council.

Your committee recommends that this amendment be adopted.

. . . The motion was seconded and, there being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: The Amendment to the Constitution is adopted. Proceed.

DR. WILBUR:

Resolution No. 1.—Re: Approval of "California Plan"

This resolution was introduced by the San Francisco delegation. It has been carefully considered by the committee which approves of its adoption as submitted.

May I say that the approval of this resolution does not necessarily mean that the House approves of the "California Plan" but approves of the resolution concerning the California Plan.

I move the adoption of this section of the report.

SPEAKER ASKEY: Is there discussion on this?

. . . The motion was seconded, put to a vote and unanimously carried. . . .

SPEAKER ASKEY: It is adopted.

DR. WILBUR:

Resolution No. 2.—Re: Legislative Committee

This resolution was introduced by the San Francisco delegation and is approved by the Reference Committee which wishes to add its appreciation of the excellent work done by the Legislative Committee during the past year.

The committee recommends the adoption of this resolution.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

DR. WILBUR:

Resolution No. 3.—Re: Physician Membership in C.P.S.

This resolution was introduced by the San Francisco delegation. The committee approves of this resolution and recommends its adoption.

I move the adoption of this section of the report.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

DR. WILBUR:

Resolution No. 4.—Re: Membership in C.P.S. of Physicians, Their Families and Employees

This resolution was introduced by the San Francisco delegation. The committee approves of this resolution and recommends its adoption. I so move.

DR. CARR: I second the motion.

. . . There being no discussion, the motion was put to a vote and unanimously carried. . . .

SPEAKER ASKEY: It is adopted.

DR. WILBUR:

Resolution No. 5.—Re: Legalizing of Willing of One's Body for Designated Reconstructive Purposes

This resolution was introduced by the San Francisco delegation. After careful consideration, the committee has slightly amended the resolution without changing significantly the meaning of it and submits the following amended resolution.

WHEREAS, The technique of a corneal transplantation in the science of eye surgery, and the use of cartilage implants for plastic repair in plastic surgery have reached a high level of technical attainment, and

WHEREAS, There is a growing civilian need and there are now some thousands of wounded veterans residing in veteran hospitals in the State of California and elsewhere, many of whom require plastic surgery, and

WHEREAS, Operative procedures in many of these cases are now at a standstill because of lack of these fundamental materials for their plastic reconstruction, and

WHEREAS, The ultimate restoration of these veterans and civilians to normal life may not be completed until such materials are available, Be It, Therefore

Resolved, That the California Medical Association instruct its legislative committee to promote constructive legislation to legalize the willing of either a whole or a part of one's body to a recognized institution for subsequent use of any whole or parts of that body for designated reconstructive purposes.

Your committee moves the adoption of this amended resolution.

. . . The motion was seconded. . . .

SPEAKER ASKEY: Is there any discussion? If not, the question goes before you.

. . . The question was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is adopted as amended.

DR. WILBUR:

Resolution No. 6.—Re: Formation of Section on General Practice of the California Medical Association

This resolution was introduced by Doctor Eric A. Royston of Los Angeles. A keen and widespread interest in the organization of sections on general practice in the A.M.A., the Los Angeles County Medical Association and other organizations indicates clearly the great need for the formation of a Section on General Practice of the C.M.A., and the committee heartily endorses and approves of this resolution.

I move the adoption of this section of the report.

DR. ROYSTON: I second the motion.

SPEAKER ASKEY: Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is adopted.

DR. WILBUR:

Resolution No. 7.—Re: Limitation on Annual Dues

This resolution was introduced by Doctor J. M. De Los Reyes of Los Angeles. The committee wishes to point out that Article V, Section 11 of the Constitution states that "The House of Delegates at its Annual Session shall fix the amount of the annual per capita assessment of dues upon active members." Consequently, it is the opinion of the committee that this House of Delegates cannot fix the annual dues for more than one year, that since to do so would require an amendment to the Constitution, this resolution should not be approved and be not adopted.

I move the acceptance of this portion of the report.

SPEAKER ASKEY: You have heard the motion, that the recommendation of the committee be accepted. Is there a second?

DR. DOYLE: I second the motion.

SPEAKER ASKEY: Is there discussion?

There being no discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is adopted. That is, the committee's report is adopted and this resolution is lost. Will you proceed?

DR. WILBUR:

Resolution No. 8.—Re: Utilization and Development of Personnel from Medical Corps, Army and Navy, for Medical Students, Technologists and Medical Assistants

This resolution was introduced by Doctor William Makaroff from Sonoma County. The committee approves of this resolution and recommends its adoption.

I move the adoption of this section of the report.

DR. GREEN: I second the motion.

SPEAKER ASKEY: Is there discussion?

. . . There being no discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is adopted.

DR. WILBUR:

Resolution No. 9.—Re: Postgraduate Facilities Sponsored By and With the Coöperation of the Committee on Postgraduate Activities of the C.M.A.

This resolution was introduced by Doctor William Makaroff of Sonoma County. The committee has given much consideration to the needs stated in this resolution but recognizes the fact that medical schools and hospitals which have been designated for instruction and training in the larger metropolitan centers have been under heavy burdens during the war and do not at present have adequate facilities to develop satisfactory continuous courses in instruction for the individual postgraduate student. The Reference Committee is of the opinion that the Committee on Postgraduate Activities of the C.M.A. could perform a very useful service in meeting the immediate need.

Your committee further is of the opinion that there is a great need in the C.M.A. for a long-time program in postgraduate instruction in the scientific aspects of medicine. The establishment of continuation postgraduate courses in instruction similar to those already established in some states would raise considerably the level of practice of medicine throughout California.

Your committee therefore presents this substitute resolution.

Therefore Be It Resolved, That the Committee on Postgraduate Activities of the C.M.A. be instructed to proceed as rapidly as possible with plans toward the establishment of postgraduate activities throughout the State in coöperation with the medical schools and larger hospitals, and, be it further

Resolved, That in the establishment of these activities there shall be kept in mind the particular needs of physicians who have been in the armed forces and those who have been in active civilian practice during the war and unable to devote appreciable time to postgraduate studies, and, be it further

Resolved, That the Council of the C.M.A. be instructed to appoint a special committee of the C.M.A. to study fully the matter of establishing with the coöperation of the medical schools in the State, Postgraduate Continuation Courses of Instruction in all the scientific aspects of medicine for members of the C.M.A., and to report the findings of the special committee to the next meeting of the House of Delegates of the C.M.A.

The committee recommends the adoption of this substitute resolution.

. . . The motion was variously seconded. . . .

SPEAKER ASKEY: Is there any discussion? If not, the motion is before you on the adoption of the substitute resolution.

. . . A vote was taken on the substitute resolution and it was carried. . . .

SPEAKER ASKEY: It is carried.

DR. WILBUR:

Resolution No. 10

This resolution was referred by the Speaker of the House of Delegates to Reference Committee Number 1.

Resolution No. 11.—Re: Doctor Kress

This resolution was introduced by Doctor C. Max Anderson of Los Angeles County. The committee approves of this resolution and recommends its adoption.

I move the adoption of this section of the report.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

DR. WILBUR:

Resolution No. 12.—Re: Fees for Internists and Other Non-Surgical Specialists

This resolution was introduced by Dr. William L. Bender of San Francisco County. After careful consideration and discussion, your committee has slightly amended this resolution to read as follows:

WHEREAS, Special service and skills are nearly adequately compensated in established fee schedules of most voluntary prepaid medical plans, and

WHEREAS, It is universally agreed that fees paid under *these* plans to internists, and *other non-surgical specialists,* for special services are wholly inadequate, and

WHEREAS, Increasing numbers of people are and will be receiving medical care under such plans, and

WHEREAS, The net effect of these factors has been a critical problem recognized by the California Society of Internal Medicine, Now, therefore, be it

***Resolved,* That the House of Delegates of the California Medical Association approve the principle that fees for such special services of internists and other non-surgical specialists shall be increased to a level already apportioned to physicians who perform special services.**

The old wording which has been changed is that part in italics.

I move the adoption of this section of the report.

DR. BAILEY: I second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is adopted as amended.

DR. REMMEN: I believe Resolution Number 11 should read, in the third paragraph, fifth line, "his great love for medical science."

SPEAKER ASKEY: The correction is made. Thank you, Dr. Remmen.

Proceed, Dr. Wilbur.

DR. WILBUR:

Resolution No. 14.—Re: The Activities of the Editor of the A.M.A .

This resolution was introduced by Doctor Edwin L. Bruck of San Francisco County. Your committee heartily endorses this resolution and recommends the adoption of it.

I move the adoption of this section of the report.

DR. CLINE: I second the motion.

SPEAKER ASKEY: Is there any discussion?

If not, the question is on the adoption of this section of the report which is before you.

. . . The motion was put to a vote and it was carried. . .

SPEAKER ASKEY: It is adopted.

DR. WILBUR:

Resolution No. 15.—Re: Approval of Plans for Group, Organization, Corporation or Individual Practice

This resolution was introduced by Doctor C. Kelly Canelo of Santa Clara County. The committee has very carefully considered the subject matter of the resolution and is of the opinion that the important points under consideration are first, the approval of certain principles regarding the organization and conduct of individual, group or corporation voluntary prepaid medical plans, and, second, that it is of great importance that the members of the C.M.A. be promptly informed of the official stand of the Association on the approval of such plans. Consequently, the Reference Committee wishes to substitute the following resolution:

***Be It Resolved,* That the C.M.A. approves the principles established by the Council on Medical Service and Public Relations of the A.M.A. for the organization and conduct of individual, group or corporation voluntary prepared medical plans, and, further, be it**

***Resolved,* That the House of Delegates instruct the Council and Executive Committee of the C.M.A. in the future to survey all such plans proposed on a statewide basis and to promptly transmit their findings and recommendations to the individual members of the C.M.A. for rapid, effective statewide action.**

Your committee recommends the adoption of this substitute resolution.

I move the adoption of this substitute resolution.

. . . The motion was seconded. . . .

SPEAKER ASKEY: Is there discussion?

DR. DELL T. LUNDQUIST (Santa Clara County): I wish to move an amendment to the resolution as proposed by the committee under line 2 of the resolution to strike out the words "on a statewide basis," to read:

***Resolved,* That the House of Delegates instruct the Council and the Executive Committee of the C.M.A. in the future to survey all such plans proposed and to promptly transmit . . .**

and so forth.

SPEAKER ASKEY: Is there a second to that amendment?

. . . The motion was seconded. . . .

SPEAKER ASKEY: You will now vote on the adoption of the amendment. Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: The amendment is adopted.

Now, the amendment as proposed by Dr. Wilbur, which you have just amended, is before you for adoption. If there is no discussion, the question goes before you on the adoption of the recommendation of the committee, the substitute amendment.

. . . A vote was taken on the adoption of the substituted resolution as amended, which was carried. . . .

SPEAKER ASKEY: It is adopted.

DR. WILBUR:

Resolution No. 16.—Re: Changing the Law Regarding Coroners

This resolution was introduced by Doctor Charles Galligan of Monterey County. The Reference Committee approves of this resolution and urges its adoption.

I move the adoption of this section of the report.

. . . The motion was seconded, put to a vote and carried. . . .

SPEAKER ASKEY: It is adopted.

DR. WILBUR:

Resolution No. 17.—Re: The Establishment of a Medical Examiners System

This resolution was introduced by Doctor Charles Galligan of Monterey County. The Reference Committee approves of this resolution and urges its adoption.

I move the adoption of this section of the report.

. . . The motion was seconded. . . .

DR. CARR: I would like to propose an amendment to this resolution to be added to the end of paragraph 5, the amendment to be the adding of the following words: "and where available to qualified pathologists."

DR. DONALD: I will second the amendment.

SPEAKER ASKEY: Is there any discussion on the amendment?

. . . There being no discussion on the amendment, a vote on the amendment was taken, and the motion was carried. . . .

SPEAKER ASKEY: The amendment is carried. There is now before you the motion to adopt this section of the report as amended. Is there discussion?

. . . There being no discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is adopted as amended.

DR. WILBUR:

Resolution No. 18.—Re: Medical Relations—Retrospect and Prospect

This resolution was introduced by Dr. D. T. Lundquist of Santa Clara County. The committee has given careful consideration to the contents of this resolution and has discussed at considerable length the matter of bringing up to date the Code of Ethics of the C.M.A. It is of

the opinion that the objects desired in this resolution and by the committee can best be obtained by referring the whole matter to the Council of the C.M.A. for further reference to an appropriate committee. Consequently, the committee wishes to offer the following substitute resolution:

WHEREAS, New methods of communication and new relationships in the medical-legal aspects of practice have developed in recent years, and

WHEREAS, These developments require reconsideration of the principles of medical ethics, Now, therefore, be it

Resolved, That the recodification of the Code of Ethics of the C.M.A. shall be given careful consideration and that this House of Delegates recommend to the Council of the C.M.A. that it refer this matter to an appropriate committee.

Your committee moves the adoption of this substitute resolution.

. . . The motion was seconded. . . .

DR. LUNDQUIST: I wish to offer an amendment to the resolution as modified by the committee; to insert at the end of the resolution "this proposed recodification for approval by the next annual meeting of the House of Delegates," and insert a second section as follows:

"That the essence of this resolution again be brought before the House of Delegates of the A.M.A."

SPEAKER ASKEY: At which time do you mean; then or after the report?

DR. LUNDQUIST: After the next meeting.

SPEAKER ASKEY: Is the amendment seconded?

. . . The amendment was seconded. . . .

SPEAKER ASKEY: Is there any discussion before you vote on the amendment proposed by Dr. Lundquist?

. . . There being no discussion, the motion to adopt the amendment was put to a vote and it was carried. . . .

SPEAKER ASKEY: Now the question before you is on the adoption of the amended proposal as made by Dr. Wilbur's committee.

DR. REMMEN: I would like to propose another amendment: "that the recodification include suitable penalties for violation of the Code."

DR. BAILEY: I will second the amendment.

SPEAKER ASKEY: Is there discussion on the amendment?

. . . There being no discussion, a vote was taken on the amendment. . . .

SPEAKER ASKEY: The Chair is in doubt. We will take a standing vote.

DR. DOUGHTY: It wouldn't be within the province of any committee to recommend the penalty.

DR. REMMEN: A Code without penalties is worthless.

SPEAKER ASKEY: I thought it would be within the province of any committee to recommend anything. The carrying out of it would be the question. The point is not well taken.

All those in favor of the amendment please stand, and will you count them, Mr. Secretary?

. . . A standing vote was taken on the amendment with a vote of 43 to 45. . . .

SPEAKER ASKEY: The motion now before you is the motion of the committee to adopt the resolution as it has been amended by Dr. Lundquist.

. . . A vote was taken on the motion to adopt the recommendation of the committee as amended and the motion was carried. . . .

DR. WILBUR:

Resolution No. 19.—Re: Regional Meetings

This resolution was introduced by Dr. Richard O. Bullis of Los Angeles County. Your committee heartily endorses the subject matter of this resolution and wishes particularly to emphasize the advisability of strengthening the organization of the C.M.A. by having at frequent intervals conferences of the presidents and secretaries of the component county associations with officers of the C.M.A.

I move the adoption of this resolution.

DR. GREEN: I second the motion.

SPEAKER ASKEY: Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is adopted.

DR. WILBUR:

Resolution No. 20.—Re: Pension for Employees of the C.M.A.

This resolution was introduced by Dr. Wilbur Bailey of Los Angeles County. Your committee has carefully considered the purposes of the resolution and is of the opinion that there are many advantages in establishing such a pension system for the employees of the C.M.A. However, the committee is of the opinion that that part of the resolution which has to do with submitting to a referendum of the membership of the C.M.A. the establishment of a pension plan or plans favored by the House of Delegates is not necessary. Consequently, the committee wishes to submit a substitute resolution as follows:

Be It Resolved, That the House of Delegates of the C.M.A. is in favor of establishing a pension plan for the employees of the C.M.A., and, be it further

Resolved, That the Council of the C.M.A. be instructed to investigate such a plan for the employees of the C.M.A.

Your committee recommends the adoption of this report.

DR. DEWEY: I will second the motion.

. . . The question was called for, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: The amendment is adopted.

DR. WILBUR:

Resolution No. 21.—Re: The Proposed Initiative—"The Naturopathic Act"

This resolution was introduced by Dr. Wilbur Bailey of Los Angeles County. Your committee is of the opinion that every physician in California should be informed of the contents of this proposed initiative. Your committee approves of this informative resolution and recommends the adoption of it.

I move the adoption of this section of the report.

. . . The motion was seconded, put to a vote and carried. . . .

SPEAKER ASKEY: It is adopted.

DR. WILBUR:

Resolution No. 22.—Re: A Comprehensive Fee Schedule for C.M.A.

This resolution was introduced by Dr. J. Frank Doughty of San Joaquin County.

The committee has carefully considered the contents of this resolution and feels that at the present time it would be unwise to attempt to establish any fee schedule which could be interpreted as the official fee schedule of the C.M.A. It proposes, therefore, to substitute the following resolution:

Therefore, Be It Resolved, That in the future the C.P.S. Veterans' Administration fee schedule be used as a basis for negotiating fee schedules with all other government agencies, and be it further

Resolved, That the policy of the C.M.A. be that all such negotiations with government agencies be carried out through C.P.S.

Your committee recommends the adoption of this substitute resolution.

DR. DOYLE: I will second the motion.

SPEAKER ASKEY: Is there any discussion?

DR. LUNDQUIST: I think that we are setting up something that may be a little bit too inflexible, especially as to the Section on Anesthesiology. Yesterday you

unanimously passed a resolution setting up a committee of five and adding to that committee of five, this delegate happening to be the only delegate in the Section at that time, and authorizing this committee to negotiate with the appropriate committees of the California Physicians' Service for adjusting inequities in the anesthesiology fee schedule. I think it would be very unwise to set up the present fee schedule of C.P.S. as an example for this Association at this time.

SPEAKER ASKEY: Dr. Wilbur!

DR. WILBUR: It might be well to call the attention of the House to the fact that the House has passed a part of the Chandler Committee report which states that the fee schedule of C.P.S. shall be revised. I think it will take care of the suggested amendment which Dr. Lundquist has to offer.

DR. LUNDQUIST: Biennial revisions are still rather remote from the present inequities of C.P.S. fee schedules, especially the veteran section of the C.P.S. fee schedule as far as anesthesiology is concerned. We believe a date two years from now is in order.

SPEAKER ASKEY: Is there further discussion on the adoption of this section of the report? Dr. Doughty!

DR. DOUGHTY: Mr. Speaker, it is just used as a basis for negotiation. It doesn't necessarily put it in effect. It is just used as a sort of basis.

SPEAKER ASKEY: Is there further discussion?

. . . There being no further discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is carried and adopted.

DR. WILBUR:

Resolution No. 13

This resolution was introduced by Dr. Edwin L. Bruck of San Francisco.

The committee has not had an opportunity to completely consider Resolution No. 13 and therefore has no recommendation to the House.

In explanation, I might say that it would be worth your while to turn to Resolution No. 13 which has to do with a warning label on certain types of drugs. As I briefly see the situation, this directive has been passed by the Commissioner on Foods and Drugs, Division of the Federal Security Agency, and there are certain advantages in having a warning label, particularly on such things as thyresol, which I understand this is particularly aimed at, and, on the other hand, this directive has the great disadvantage of not requiring labeling and I understand the dosage of the particular drugs which carry a working label so that drugs such as phenobarbital, the desiccated thyroid, sulfa drugs, thiouracil and other similar products which carry on each prescription bottle a warning label as to the drugs contained in the prescription and the amount of them.

So, without further information than what I have been given, the committee felt that it was in no position to recommend as to what you should do on this particular resolution.

SPEAKER ASKEY: Is there a motion to adopt the resolution as introduced by Dr. Bruck.

DR. F. M. POTTENGER, JR. (Los Angeles County): I will so move.

DR. KENNETH D. GARDNER (San Francisco): I will second the motion.

SPEAKER ASKEY: Is there any discussion on the motion?

DR. EDWARD B. DEWEY: The committee of the Council met with representatives of the State Pharmaceutical Association to consider this thing. They feel that there is more in this directive than appears so far; that it is a step in just more and more of a bureaucratic directive coming on down, which might be a good one, but many of them are bad and they want to have this thing stopped right now if it is possible.

As you can see, you get certain types of patients who think they can't take this drug or that drug or they go to a doctor and get a prescription; it is made up in the form of a pharmacists' package and it carries the label "pheno-barbital," a warning that the drug is habit-forming. Immediately there may be some distrust aroused and it was felt by the committee, in talking with the representatives of the Pharmaceutical Association that while there was some danger in drugs such as thyresol and so forth, if the doctors give them as prescription drugs they should know what they are prescribing and the dangers of them. If the doctors are not sufficiently acquainted with such drugs they should not be using them and we should take care of our own business and we shouldn't be having any directives coming down.

It was the feeling of the committee that we should back up these representatives of the Pharmaceutical Association and urge the adoption of this resolution.

SPEAKER ASKEY: Is there any further discussion?

. . . The question was called for, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is adopted. Dr. Wilbur!

DR. WILBUR: Mr. Speaker, I move the adoption of the Report of the Committee as a whole.

SPEAKER ASKEY: You have heard the motion to adopt the Report of the Committee as a whole. Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: Your Speaker wishes to call the attention of the House of Delegates to the great amount of work that your committees have done. You people who haven't sat on one of these committees don't really understand the vote of thanks that is really deserved by these men. Some of you men may be on these committees in the future.

I want to read the names of these men and I want you to give them a rising vote of thanks.

Reference Committee Number 1: Dr. Delprat, chairman; Dr. Regan and R. Freidell.

Reference Committee Number 2: Dr. E. T. Remmen, chairman; Brodie Stephens and E. W. Page.

Reference Committee Number 3: Dr. Dwight L. Wilbur, chairman; C. J. Berne and A. E. Moore.

I think we had better give them a rising vote of thanks for their work. (Rising applause.)

Is there any unfinished business to come before the House?

DR. KRESS: There is no unfinished business.

SPEAKER ASKEY: Dr. Mulfinger!

DR. CARL MULFINGER (Los Angeles): Resolution Number 6 calls for the election of officers for the proposed General Practice Section. I would like to ask the Chair if nominations for such officers is not in order?

SPEAKER ASKEY: It would be in order under new business. I will call for that next and give you an opportunity to bring that about.

This was my error. I had forgotten the most important part of unfinished business. I guess your chairman is getting a little tired, I am afraid. I am going to call on Dr. John Cline who will present the budget to you and recommend its introduction for next year.

DR. CLINE: I don't propose to bore you with some thirty odd items, one of which has ten sub-titles. The items of expense are rental, telegraph, telephone, postage, printing, stationery, et cetera, and I am just picking out the larger items as we go on. The salary of the Executive Secretary is $12,000.00; the Department of Public Relations is $50,000.00; the Department of Public Policy and Legislation, $16,000.00; the United Public Health League, $15,000.00, et cetera.

The budget, as we stated earlier, is dependent upon the dues. The Council has recommended that the dues be

set at $100.00 per annum. I move that the House accept the recommendation of the Council and place the dues at $100.00 per annum.

DR. SHEPARD: I will second the motion.

SPEAKER ASKEY: Is there any discussion?

. . . There being no discussion, a vote was taken on the motion and it was carried, there being one dissenting vote. . . .

SPEAKER ASKEY: It is carried.

If there is any new business, it may now be referred to this House.

Dr. Mulfinger, did you have a suggestion to propose for the General Practice Section?

DR. MULFINGER: Mr. Speaker and Members of the House of Delegates: I nominate Dr. Eric Royston, Secretary Pro Tem, of the newly-created section. He has been the principal mover of such section in Los Angeles County which is functioning very well.

SPEAKER ASKEY: Are there further nominations for Secretary Pro Tem?

DR. DONALD: I move that the nominations be closed and that the ballot be cast.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is unanimous and therefore carried. Dr. Royston is elected.

Is there further new business to come before the House?

DR. WARREN B. ALLEN (Alameda County): As President of Alameda County, I would like to ask the Delegates to support C.P.S. and as you approved the dues today, let's all get behind it one hundred per cent. (Applause.)

SPEAKER ASKEY: There is one announcement I would like to make tonight. The Council of the California Medical Association will meet tomorrow morning at 7:30 for breakfast in Conference Room Number 6 and the newly-elected councilors will be there as well as the old members. I do not mean the ones that have been "ousted," but the new ones and the continuing ones.

At this time it is a great pleasure for your Speaker to introduce to you the President of the California Medical Association who will introduce to you your new officers for the succeeding year. Dr. Philip K. Gilman! (Applause.)

PRESIDENT GILMAN: Members of the House of Delegates: It gives me extreme pleasure to introduce at this time the President, Dr. Sam J. McClendon of San Diego. (Rising applause.)

. . . Dr. McClendon assumed the Chair as President. . .

PRESIDENT MCCLENDON: Mr. President, Members of the House of Delegates: Needless to say, I am deeply appreciative of this honor. It is an honor, the greatest that any medical man in California can receive. Also, needless to say, such an honor forces upon an individual certain obligations. Those obligations during this next year will be very difficult. If I can fulfill the obligations this year in any manner as befitting the President, I shall be very happy and I know with the unity of purpose this House of Delegates has shown tonight in its accomplishments during this past year and tonight, that we will get along all right. I have no fear of what may be said this time next year and I have no further speech to make. The hour is late. I know you don't want to hear from me tonight. Next year I may have something to say.

DR. GILMAN: At this time it gives me great pleasure, also, to present to this House of Delegates your President-elect, Dr. John Cline of San Francisco. (Rising applause.)

PRESIDENT-ELECT CLINE: I think you have already heard too much from me today.

DR. GILMAN: It gives me great pleasure to present a man who really does not need presenting, the Speaker of the House, Dr. Vincent Askey. (Rising applause.)

It gives me great pleasure to present to this House of Delegates your Vice-Speaker, Dr. Louis A. Alesen. (Rising applause.)

SPEAKER ASKEY: There is one more thing your Speaker was very remiss in and that is why I didn't say anything when you gave me that ovation. I forgot to ask you to give thanks to another committee which spent even more time than the Reference Committees and that is the famous Chandler Committee. I think we ought to give them a real hand. (Rising applause.)

We have just one or two more things for you tonight. We will now have our Immediate Past President, Dr. Lowell S. Goin, address you on a very important matter.

DR. LOWELL S. GOIN: Mr. Speaker, Members of the House of Delegates: With the adjournment of this House, there will come to an end the term of your President, Dr. Philip Gilman, climaxing a long, useful and honorable career in this Association as a Delegate, a Councilor, as Chairman of the Council, President-elect and President of this Association.

In the ancient classical civilization the Greeks awarded to those victorious in games and battles a flower crown and wreath. We no longer award this token but we still revere and admire our leaders. As a symbol of the ancient flower wreath, it is my pleasure on behalf of the California Medical Association to present Dr. Gilman with this plaque for his permanent possession.

. . . Dr. Gilman was presented with a plaque. . . . (Applause.)

DR. GILMAN: Members of the House of Delegates: As I lay down the duties of the highest office in this Association which you so graciously honored me with a year ago, it is with mixed feelings. This completes my twenty-sixth year since I became Chairman of the Surgical Section of the County Society and during that time I have never been out of harness. During those years I have been able, I hope, in some small measure, to contribute to those things for which this Association stands. If I have been able to do so in the various positions to which I have been honored it is because the men with whom I was associated have been the most loyal, hard-working, sincere and honorable group of gentlemen with whom I could ever wish to be associated.

The duties of the incoming President will be so lightened in a similar manner and in that respect they will be even strengthened as evidenced by what he said tonight in reference to the complete solidarity, the complete union, the steadfast aim which has been evinced in this House of Delegates this evening.

I can look back and remember many, many occasions when there was sharp division; when it seemed impossible that we should ever arrive at any decision. Tonight, look at the difference. That is one of the happiest recollections which I will take with me. The other is this plaque which will serve to remind me that at some time in my existence I may have been of a little service to our great profession. Thank you. (Applause.)

SPEAKER ASKEY: There is one more, or two, things which we must do and we will proceed to do one of them at least. The Chair, unless we hear objection, will appoint the President, the Chairman of the Council and the Speaker of the House and the Secretary to edit the Minutes of this meeting. If I hear no objection, the committee is appointed.

Now, the last thing of business, except our adjournment, means this. I want to present to you for the ovation that he deserves our retiring Secretary who is now doing his last duty, the Secretary of this Association which he has served so long. I present Dr. George Kress. (Rising applause.)

DR. KRESS: Mr. Speaker and Members of the Profession: I need not tell you what a great pleasure it has been for me during these many years to have served with you and for you. I have been grateful beyond all measure that since 1907, when it became my honor to be elected a member of the C.M.A. Council, I have continuously served on this Council for practically 40 years as either an elected or an ex-officio Councilor.

I wish I could tell you all how deeply I appreciate everything you have done for me during these many years.

I hope that insofar as I, myself, have been concerned, my efforts to work with you and for you and to coöperate in furtherance of measures, principles and ideals we all love, that through such aid as I may have been able to render I may have been of service to you and to our profession.

Thank you all very, very much. I wish you to know I am deeply appreciative.

SPEAKER ASKEY: A motion to adjourn is in order.

. . . It was moved, seconded and carried that the House adjourn. . . .

. . . The meeting of the House of Delegates adjourned at 11:50 P.M. . . .

E. VINCENT ASKEY, *Speaker,*
GEORGE H. KRESS, *Secretary.*

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION: MINUTES*

Minutes of the Three Hundred Thirty-first (331st) Meeting of the Council of the California Medical Association

The meeting was called to order in Conference Room No. 8 at the Hotel Biltmore, Los Angeles, at 2:00 P.M., on Monday, May 6, 1946.

1. Roll Call:

Councilors Present: Philip K. Gilman, Chairman; Sam J. McClendon, E. Vincent Askey, Herbert A. Johnston, Jay J. Crane, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, Edwin L. Bruck, Sidney J. Shipman, E. Earl Moody, Edward B. Dewey, Walter S. Cherry, Dewey R. Powell, and George H. Kress, Secretary.

Present by Invitation: L. A. Alesen, Vice-Speaker; Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; E. T. Remmen, Chairman, Committee on Local Arrangements; John Hunton, Executive Secretary; W. M. Bowman, Executive Director of California Physicians' Service; Hartley F. Peart, Legal Counsel; Howard Hassard, Associate Legal Counsel; Stanley K. Cochems, Executive Secretary, Los Angeles County Medical Association; Rollen Waterson, Executive Secretary, Alameda County Medical Association; Frank Kihm, Executive Secretary, San Francisco County Medical Society; Joseph F. Donovan, Executive Secretary, Santa Clara County Medical Society and Chester L. Cooley, Secretary, California Physicians' Service.

2. Minutes:

Minutes of the following meetings of the Council, the Executive Committee, and "Trustees of the California Medical Association" were submitted and actions taken approved:

(a) Council Meeting (330th) held in Los Angeles, February 1, 1946. (Printed in CALIFORNIA AND WESTERN MEDICINE, for April, page 254.)

(b) Executive Committee Meeting (197th) held in San Francisco, March 1, 1946. (Printed in CALIFORNIA AND WESTERN MEDICINE, for April, page 258.)

(c) "Trustees of the California Medical Association" Meeting (19th) held in Los Angeles, February 1, 1946. (Printed in CALIFORNIA AND WESTERN MEDICINE, for April, page 257.)

3. Membership:

(a) A report of the membership as of April 30, 1946, was submitted and placed on file. The membership roster showed distribution as follows:

Total number of members (civilian and military) listed for year 1946: 7,569.

Members in military service: 1,266.

Members returned from service: 1,020.

(b) On motion made and seconded, it was voted to reinstate 647 members whose 1946 dues have been paid since April 1, 1946.

(c) On motion made and seconded, Retired Membership was granted to thirty-three members, whose applications had been received in accredited form from their county societies.

(d) On motion made and seconded, Associate Membership was granted to eleven members whose applications had been received in accredited form from their county societies.

(e) Attention was called to a communication that had been received from the Shasta County Medical Society, which stated it was the intention of its members to refuse to pay dues for the current calendar year as levied by the House of Delegates at the 1945 Annual Session.

After discussion, it was voted that a letter be sent to the Shasta County Medical Society and also to each member thereof, calling attention to the provisions in the Constitution and By-laws of the C.M.A., whereby membership is automatically lost if dues are not paid by April 1st of any calendar year. It was also suggested that a copy of the by-law provision be inserted in the letters to be sent out as noted above.

(f) Concerning obligations of military members to pay dues, as per case brought up in the Los Angeles County Medical Association (case of H.E.D), it was felt that the matters referred to, were within the jurisdiction of the Los Angeles County Medical Association for adjustment.

4. Financial:

(a) A cash report as of May 1, 1946, was submitted.

(b) A balance sheet, as of April 30, 1946, was submitted.

(c) Report was made concerning income and expenditures for April and for four months, ended April 30, 1946.

On motion made and seconded, the above reports were received and placed on file.

5. Interim Appointments:

Council Chairman Gilman reported upon tentative appointments made since the last Council meeting on February 1, 1946. On motion made and seconded, it was voted that the appointments which follow be confirmed:

(a) Edwin L. Bruck, Lloyd E. Kindall, and John W. Green appointed on Committee on Blood Procurement Facilities, in relation to American Red Cross plans.

(b) John W. Cline, E. Vincent Askey, and R. Stanley Kneeshaw appointed as a special Committee on Editorial Policy, to bring in report to Council.

(c) Lloyd E. Kindall, E. Vincent Askey, and Walter S. Cherry appointed as a special Committee on Executive Secretaries to County Medical Societies, to bring in report to Council.

(d) John W. Cline, E. Earl Moody and Frank A. MacDonald appointed as Committee on Pensions for C.M.A. Employees, to bring in report to Council.

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* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

6. Report of the Council:

A preliminary discussion on whether additions should be made to the Report of the Council to the House of Delegates took place. No changes or additions were submitted.

7. Appointment of Committee on Committees:

The Council Chairman announced the appointment of a Council Committee to bring in nominations for vacancies on Standing Association Committees. The committee named included: Sidney J. Shipman, Chairman; Walter S. Cherry, and R. Stanley Kneeshaw.

8. California Physicians' Service:

Report was made for California Physicians' Service by Doctor Chester L. Cooley, Secretary, and Mr. William Bowman, Executive Director. Among items receiving comment were the following:

(a) A total of 1,028 new professional members had been added to the roster of C.P.S. physicians, bringing professional membership to more than 6,500.

(b) That the registration fee of $5.00 originally levied to provide an organization fund for C.P.S. had been discontinued so that new professional members could now enroll as C.P.S. physicians without payment of such fee.

(c) That the problems arising through the three hospitalization groups in California and in medical service groups such as C.P.S., continued to exist, and that it was hoped ways and means could be found for betterment.

(d) That the C.P.S. deficit of $279,144.21 existing Nov. 1, 1945, had been reduced to $137,912.66 as of April 30th, a reduction in four months of $141,231.55.

(e) That the beneficiary membership of C.P.S. now includes some 208,000 persons.

(f) That the commercial income of C.P.S. is now at the rate of approximately $3,344,000 a year.

(g) That the administration costs had been reduced so that they now average about 15.5 per cent, or a reduction of 4.5 per cent over previous year's operations.

(h) That the Veterans' Administration program has brought fees to C.P.S. physicians of $57,000 in April, 1946, and would probably total $125,000 in May. The statement was also made that if physicians everywhere coöperate, it might be possible in a few years to bring to them an income of from eight to fifteen million dollars per year from the V.A. contract.

9. Report of the Legal Department:

The matter of betterment of the fee schedule of the California State Compensation Fund received considerable discussion. Comment was made concerning conferences that had been held with executives of the State Compensation Fund and Industrial Accident Commission.

Legal Counsel Peart called attention to the fact that from year 1913, when the fee schedule was originated, there was no change until 1920, when a 25 per cent increase was authorized. However, from 1920 to 1942, no protests concerning the schedule of fees had been filed or placed on record by the Association.

Since 1942, many conferences had been held in efforts to bring about an improvement that would be in line with existing office, hospital, and living costs.

Reference was made to the study committee of some ten or more members that had been appointed by the Industrial Accident Commission on which there is only one single representative of the medical profession.

10. Cancer Commission:

Lyell C. Kinney, Chairman of the C.M.A. Cancer Commission, made a report on the plans that had been considered by the C.M.A. Cancer Commission. After discussion, it was voted that the following recommendations be approved by the Council:

Council of the California Medical Association,
San Francisco, California.
Gentlemen:

At the 1945 meeting of the House of Delegates the Cancer Commission was directed to investigate the problem of "detection clinics" and submit a report to the Council. The following report is the result of that study with certain recommendations:

The original project of periodic physical examinations to detect early cancer or pre-cancerous lesions was financed by a grant of the American Medical Association in 1938 made to Dr. Catherine MacFarland of the Women's Medical College of Philadelphia. The results of that project have been fully reported in the *Journal of the American Medical Association*, December 2, 1944. Similar projects have been successfully conducted by Dr. Elise L'Esperance at the Memorial Hospital in New York and by Dr. Augusta Webster at the Women's and Children's Hospital in Chicago. All of these projects have been conducted with the approval of their respective county medical societies. During the last eighteen months, with the active approval and coöperation of the Philadelphia County Medical Society, ten such clinics have been conducted in the medical schools and hospitals of that city. These clinics have been sponsored and financed by the Donner Foundation (the International Cancer Research Foundation).

The object of these clinics, whatever their name, has been the periodic physical examination of presumably well adults to screen out early cases of chronic disease with special emphasis on cancer. That they have met a definite public health need is evidenced by their published statistics and by the continued approval and support of the county medical societies with which they are associated. The public demand for this service is shown by the large attendance in these clinics and their long waiting lists. Each of these clinics has a filled appointment list six months or more in advance. The public demand is also evidenced by the fact that about 90 per cent of the examinees carry out the recommendations of the clinics and report to their family physician for treatment.

In the older clinics the incidence of malignant lesions discovered in the screening process is consistently about 1.5 per cent. Even more important is the higher percentage of unrecognized cardiovascular diseases and other types of pathology discovered in these examinations.

There are certain facts concerning each of these clinics and common to them that should be emphasized:

1. The clinic is conducted with the approval and active coöperation of the county medical society.

2. The clinic is conducted in an approved hospital or Class A medical school with easy access to all the clinical and laboratory facilities of the hospital.

3. The clinic is supervised by a physician who has had experience in the diagnosis and treatment of cancer.

4. The procedure consists of a history, complete physical examination, x-ray film of the chest, laboratory examination of blood, urine and serology, and the Papanicolaou vaginal smear in women.

5. The clinic invariably refers all cases with suspicious findings to the patient's private physician or lacking such, to a clinic or physician as directed by the county medical society.

6. The clinicians are paid for their services.

7. Each applicant is required to contribute five to ten dollars toward the expenses of the clinic if financially able.

8. The contributions do not cover the expense of the clinic and there must be additional subsidy for maintenance in at least the initial years.

The Cancer Commission believes that the California Medical Association should recognize the value of the work that has been done in these clinics for the periodic examination of adults and should adopt a definite policy toward the development of that work in California. There is wide public demand for this service. The American Cancer Society has accepted substantial contributions from the people of this State with the promise that among other things the money would be used to help maintain approved cancer clinics and "detection clinics." In carrying out that obligation the American Cancer Society looks to the California Medical Association and its component county societies to assure the high scientific standards of the clinic which it will subsidize with contributed public funds.

The House of Delegates of the American Medical Association on December 5, 1945, approved the report of the Council on Medical Service and Public Relations accepting the definition of Examination Clinics proposed by the American Cancer Society and also the stipulation that "no such clinics shall be established in any community without the approval of the county medical society." In so doing the A.M.A. has established a policy that that organization will approve clinics that are approved by the local component societies.

In order that there may be a uniform policy in California and to avoid the confusion and misunderstanding

which have arisen elsewhere, the Cancer Commission believes that the standards and approval of "detection clinics" should be made at the state level by the C.M.A. Therefore, the Cancer Commission recommends that the C.M.A. adopt a "minimum standards" for the establishment and maintenance of "detection clinics." The Commission also recommends that the Council of the C.M.A. be authorized to approve such "detection clinics" as are recommended to it by the Cancer Commission as having fulfilled the "minimum standards." Enclosed is a suggested form for the "minimum standards" to guide in the formation of "detection clinics" in California and to form a basis for their approval.

In view of the widespread interest and publicity concerning cancer detection, the Commission recommends that the C.M.A. adopt a statement of policy defining its position in regard to periodic health examinations. The following statement is proposed:

The California Medical Association recognizes and asserts the importance of periodic physical examinations in all persons over forty years of age and in all women after pregnancy in order to detect early chronic diseases with special emphasis on the early detection of cancer.

Therefore, the C.M.A. strongly urges its members to adopt a regular program of complete periodic health examinations of all patients after middle life in their private practice. The C.M.A. also strongly urges the public to seek regular periodic complete physical examinations by their family physician.

Further, the C.M.A. approves the establishment of "detection clinics" by component county societies for the periodic examination of presumably well adults provided such clinics meet the "minimum standards" adopted by the C.M.A.

Respectfully submitted,
C.M.A. CANCER COMMISSION.

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CALIFORNIA MEDICAL ASSOCIATION MINIMUM STANDARDS FOR "DETECTION CLINICS"*

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* Cancer Detection, Cancer Prevention or Well-Person Clinics, Health Maintenance and Cancer Prevention Clinics, and Examination Centers are all terms applied to such clinics.

Purpose: The purpose of the "detection clinic" shall be to make periodic physical examinations of presumably well persons to discover early chronic disease with special emphasis on the early recognition of cancer or lesions that may lead to cancer.

Definition (of the American Cancer Society and Approved by the A.M.A.): "The cancer detection, cancer prevention or well-person clinic is designed to detect abnormalities not producing symptoms sufficient to send the patient to the doctor. These clinics do not diagnose or treat diseases."

Preamble: The "detection clinic" has proved to be a useful means of discovering early cancer or lesions that may lead to cancer. The clinic may be a valuable public health measure, but in order to protect the public both physically and mentally, it is essential that the examinations in these clinics be conducted with judgment and accuracy. The "detection clinic" properly conducted can be the means of saving the lives of cancer patients, but if not properly conducted, it can be a source of great danger. If the examinations in the clinic are not thoroughly and efficiently made early cancer may be overlooked and the patient dismissed with a sense of false security which will delay further adequate treatment. Also, failure of the clinic to evaluate suspicious lesions may develop an unjustified and ineradicable cancer phobia.

In order to assure the public of the best type of periodic examination and to protect the public from incomplete methods and unfounded fear, the C.M.A. has adopted the following program of "minimum standards" for "detection clinics" in California:

1. The "detection clinic" shall have the continued approval and support of the county medical society. The clinicians must be members of that society.

2. The clinic must be conducted in the out-patient department of a Class A medical school or an approved hospital. If located away from the institution it must be operated as an integral out-patient department of that institution.

3. Where there is no approved hospital or medical school in the community the "detection clinic" will be operated by the county medical society and all of the activities will be under the immediate supervision and control of the society. The clinic shall be conducted in a local hospital unless special approval is granted by the Cancer Commission after careful investigation.

4. The clinic shall be supervised by a physician who has had training and experience in the diagnosis and treatment of cancer.

5. The clinic shall have proper housing and adequate facilities and supplies to conduct complete physical examinations. The clinical laboratory and x-ray departments shall be easily accessible to it.

6. A sufficient number of clinicians shall be available to conduct the clinic at regular intervals and to provide for complete physical examination of every patient accepted by the clinic.

7. Adequate records shall be kept of the history, physical findings and recommendations and of the disposition of the patients. Sufficient personnel shall be available to provide for necessary nursing, stenographic and record services.

8. The examination shall include:
   1. History.
   2. Routine blood count, urinalysis and serology.
   3. X-ray film of the chest (mass survey).
   4. Nose and throat examination, including lips and interoral.
   5. Examination of the breasts.
   6. Physical examination of the chest, abdomen and extremities (including skin).
   7. Examination of lymph nodes: neck, axillae and groin.
   8. Pelvic examination.
   9. Rectal examination.
   10. Papanicolaou vaginal smear (where feasible).

9. Examinees that present suspicious history or abnormal physical findings shall be referred to their family physician for diagnosis and treatment. If there is no family physician, the patient shall be referred to a physician or clinic as directed by the policy of the county medical society.

10. A summary of the pertinent facts and recommendations of the clinic shall be sent to the physician or clinic to whom the patient is referred.

11. One month after such reference to physician the case shall be followed up by letter or social service visit and a complete report of the diagnosis and treatment shall be obtained.

12. Only presumably well adult patients will be accepted for examination. No patient under treatment for cancer will be accepted without permission of the attending physician.

13. Examinees shall be expected to make uniform contributions toward the expenses of the clinic if able to do so, but this shall not be in excess of the established cost of the examination.

14. All publicity concerning the clinic must have the approval of the county medical society.

15. Regularly scheduled periodic meetings will be held by the staff to study, review and follow up the cases seen in the clinic. An annual report of the work of the clinic will be sent to the Cancer Commission.

11. C.M.A. Advisory Planning Committee:

Chairman Hunton reported that the surveys of medical facilities approved by the Council in October, 1945, for a survey planned in Alameda County had proved impracticable. The committee recommended that these surveys be discontinued, that the findings of the Alameda County experiment be publicized, and that the county medical societies be urged to insure the provision of medical care of all people, regardless of their ability to pay fees. This recommendation was approved by the Council.

The committee also recommended that a committee from the Council be appointed to confer with officers of the State Board of Pharmacy relative to a ruling by the Surgeon General of the United States Public Health Service that ingredients of all prescriptions must be shown on the label. The Council approved the recommendation, and appointed a committee consisting of Edwin L. Bruck, Chairman; Dwight H. Murray, and Edward B. Dewey to look into this situation and bring back a report.

The committee discussed the Washington legislative situation and suggested that Messrs. Hunton and Hassard be authorized to go to Washington to confer with friends of medicine there. The Council granted this authorization, with an amendment that a physician be added. Councilor John Green was selected for this.

The committee recommended that the C.M.A. reiterate its position regarding the "California Plan" now proposed

by several insurance companies.

It was agreed that the C.M.A. would reiterate its approval of the voluntary sickness insurance but express its disapproval of the establishment of fixed fee schedules by interests other than physicians themselves.

12. **American Academy of Pediatrics:**

Concerning a letter received from Doctor Crawford Bost, of date of May 3, 1946, it was voted to approve the study outlined by the C.M.A. and that the same be reported to the House of Delegates as an addendum to the Council report.

13. **Visit to Mutual Broadcasting Studio:**

Council Chairman announced that members of the Council were requested to go to the studio of the Mutual Broadcasting Company, after adjournment.

At the Studio, Mr. Clem Whitaker informed the Council concerning the featuring of an educational program proposed under the auspices of the C.M.A. in an effort to promote a better understanding by citizens of California concerning the advantages of voluntary health insurance plans over compulsory sickness insurance methods.

Two original sound recordings were presented, the first dealing with the founding of San Diego, and the second with an historical episode in the Marysville area.

It was stated that these programs, if approved by the Council, would be put on the radio once every Wednesday evening at the hour of 7:00 P.M. and would be presented under the name, "California Caravan."

14. **Time and Place of Next Meeting:**

Council on adjournment, agreed to meet at 7:30 A.M., on Tuesday, May 7, 1946, in Conference Room 6 of the Hotel Biltmore.

15. **Adjournment:**

PHILIP K. GILMAN, *Chairman,*
GEORGE H. KRESS, *Secretary.*

Minutes of the Three Hundred Thirty-second (332nd) Meeting of the Council of the California Medical Association

The meeting was called to order in Conference Room No. 7 at the Hotel Biltmore, Los Angeles, at 7:30 A.M., on Tuesday, May 7, 1946.

1. **Roll Call:**

Councilors Present: Philip K. Gilman, Chairman; Sam J. McClendon, E. Vincent Askey, Herbert A. Johnston, Jay J. Crane, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, Edwin L. Bruck, Sidney J. Shipman, E. Earl Moody, Edward B. Dewey, Walter S. Cherry, Dewey R. Powell, and George H. Kress, Secretary.

Present by Invitation: L. A. Alesen, Vice--Speaker; Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; E. T. Remmen, Chairman, Committee on Local Arrangements; John Hunton, Executive Secretary, Hartley F. Peart, Legal Counsel; Howard Hassard, Associate Legal Counsel.

2. **Radio Programs:**

The first item of business related to the programs reviewed the evening before at radio station KHJ. Discussion was had about the nature and scope of programs, their cost and other matters.

Mr. Whitaker stated that it was estimated that the cost of the program would be about $1,100 for each weekly broadcast.

It was stated by Mr. Whitaker that the plan could be tried out for three months, and if found unsatisfactory, he felt arrangements could be made whereby the contract could be abrogated.

Upon motion made and seconded, it was voted that the plan for these radio broadcasts be approved.

3. **Address by Governor Earl Warren:**

Council Chairman Gilman stated that Doctor J. B. Harris of Sacramento had telephoned that Governor Earl Warren would be happy to meet with the Council of the California Medical Association. It was agreed that Doctor Harris be informed that the Council would arrange time for such a meeting at 7:30 A.M., on Thursday, May 9th, in the conference breakfast room of the Hotel Biltmore.

4. **Recess:**

Upon motion made and seconded, it was voted to adjourn until 12:00 noon.

5. **Meeting with Mr. Fred Howser:**

After recess, the Council met in Room 6227 to meet informally with Mr. Fred Howser, District Attorney of Los Angeles County, who is a candidate for Attorney General of California.

A brief talk was made by Mr. Howser after which the Council took up other business.

6. **Resolutions:**

(a) A proposed resolution that might be introduced by a C.M.A. member at a meeting of the House of Delegates, the same relating to Doctor Morris Fishbein of the American Medical Association, received informal comment. No action was taken by the Council.

(b) A resolution concerning centralization of the medical profession's public relations work in Washington, D. C., was mentioned. Discussion was had concerning the desirability of bringing about a better grouping and centralization of public relations activities as carried on by the American Medical Association, the constituent state medical societies, and other affiliated groups. It was agreed that a resolution should be drafted in regard thereto, to be presented to the C.M.A. House of Delegates as an addendum to the report of the C.M.A. Council.

7. **Report of the Committee on Editorial Policy:**

A tentative report of the Committee on Editorial Policy was made, but no action taken other than to agree that an amendment to the C.M.A. Constitution should be presented to the House of Delegates, through which would be deleted the mandatory provision whereby the Association Secretary and Editor must be a person or persons holding the degree of Doctor of Medicine. It was agreed that such resolution should be presented to the House of Delegates.

8. **Committee on Retirement Policy:**

A preliminary report was made by Doctor Cline concerning retirement policies for employees of the California Medical Association.

Upon motion made and seconded, it was voted that the committee be continued with request to make further report later.

9. **Adjournment:**

Upon adjournment, it was voted the next meeting should convene at 7:30 A.M., on Wednesday, May 8, 1946.

PHILIP K. GILMAN, *Chairman,*
GEORGE H. KRESS, *Secretary.*

Minutes of the Three Hundred Thirty-third (333rd) Meeting of the Council of the California Medical Association

The meeting was called to order in Conference Room No. 6 at the Hotel Biltmore, Los Angeles, at 7:30 A.M., on Wednesday, May 8, 1946.

1. **Roll Call:**

Councilors Present: Philip K. Gilman, Chairman; Sam J. McClendon, E. Vincent Askey, Herbert A. Johnston, Jay J. Crane, Harry E. Henderson, Axcel E. Anderson,

R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, Edwin L. Bruck, Sidney J. Shipman, E. Earl Moody, Edward B. Dewey, Walter S. Cherry, Dewey R. Powell, and George H. Kress, Secretary.

Present by Invitation: L. A. Alesen, Vice-Speaker; Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; John Hunton, Executive Secretary, Hartley F. Peart, Legal Counsel; Howard Hassard, Associate Legal Counsel.

2. **Dues for Year 1947:**

The amount of dues of C.M.A. members, for year 1947, to be recommended to the House of Delegates was discussed. The income of the current year, a possible increase through return of military members, and decreases from other causes, were given consideration. After full discussion, on motion made and seconded, it was voted that the Council recommend to the House of Delegates that the State Association dues for 1947 be set at $100.00 per active member.

3. **Place of 1947 Annual Session:**

After discussion, it was agreed that this item should lie over for future consideration by the Council.

4. **Budget for Next Fiscal Year:**

Extensive discussion took place concerning the report and recommendations for a tentative budget submitted by the Executive Committee.

It was felt that it would be most desirable to have a proper explanation made in Executive Session of the House of Delegates, to permit delegates to take back to their respective component societies a better understanding of the activities that are under way, in plans to promote voluntary health insurance and related measures.

On motion made and seconded, it was voted that the budget should not be printed in the OFFICIAL JOURNAL. Also, that Doctors Cline, Gilman, and Mr. Hunton should confer upon the items to be further elucidated before the House of Delegates.

5. **Report of Committee on Committees:**

Chairman Gilman stated that the report of the Council's Committee on vacancies on Standing Committees and Editorial Board could be presented directly to the House of Delegates.

6. **Recess:**

Recess was had to hear informally, a candidate for the office of Attorney General, Mr. Carl Kegley of Los Angeles.

7. **Budget:**

After recess, the Council took up further consideration of the budget. Discussion was had concerning associate membership and conditions under which, through by-law provision, such membership is granted.

The items in the budget, submitted by Chairman Cline of the Auditing Committee, were then considered with special reference to certain public relations work.

8. **Resolution from Santa Clara County Medical Society:**

A resolution from the Santa Clara County Medical Society was presented. Copy of the resolution follows:

WHEREAS, California Physicians' Service was organized primarily for the purpose of providing prepaid medical care among those of limited incomes; and

WHEREAS, It was recognized that where it was possible to inaugurate this type of prepaid medical care in the various colleges in the State of California it was most desirable, for it was recognized that these students were the future leaders of the State; and

WHEREAS, In certain colleges in the State of California concessions were made in order that this enrollment might be accomplished—so important was it considered from an educational point of view; and

WHEREAS, One of the leaders in this program was Dr. Ray Lyman Wilbur, Chancellor of Stanford University and President of California Physicians' Service during the first five years of its existence; and

WHEREAS, Stanford University is now considering entering into a contract for the medical care of its students and such contract is NOT with California Physicians' Service; and

WHEREAS, Such an action can very easily be construed by the public as a failure of California Physicians' Service to cope with medical care problems (it being well known by the public that Dr. Wilbur was President of California Physicians' Service and Chancellor of Stanford University); now therefore, be it

Resolved, That the Officers of California Physicians' Service and the Officers of the California Medical Association be asked to enter into a conference with the authorities of Stanford University to the end that every possible effort be made to bring the student medical care at Stanford University under California Physicians' Service.

Doctor Russell V. Lee, Director of the Palo Alto Clinic was present and explained the scope and other arrangements that had been made with Stanford University in relation to health coverage of students, through services at the Palo Alto Clinic and in out-patient clinics on the Stanford campus.

Comment was also made concerning ancillary services to be rendered by the Palo Alto Clinic, in connection with care of members of the athletic teams, educational health programs and sanitary inspections.

Doctor Lee stated that the services had been in operation since April 1, 1946, and that the services that had been rendered were presumably satisfactory to the students.

Doctors Lundquist, Bert L. Davis, and other representatives of the Santa Clara County Medical Society being present, also took part in the discussions. It was stated that students paid $10.00 per quarter for the medical care coverage received by them.

Reference was also made to conditions under which the Santa Clara County Medical Society had been contacted at the time the plan was first under consideration by President Tresidder of Stanford and representatives of the Palo Alto Clinic.

The question was raised on whether the contract between the Palo Alto Clinic and Stanford University authorities was in line with the stipulations laid down by the C.M.A. Special Committee on Prepayment Plans and California Physicians' Service, of which committee Dr. Loren R. Chandler was chairman.

After the departure of Doctor Lee and other representatives of the Santa Clara County Medical Society, the Council went into executive session to consider further the situation that had arisen at Stanford. Full discussion followed with reference to the implications that were involved in relation to procedures at Stanford and other educational institutions.

The point was made that because the House of Delegates would probably consider these same matters, it would be wise to have the entire subject lie over until the Friday morning meeting of the Council.

9. **Senate Interim Committee to Study Compulsory and Voluntary Sickness Insurance Plans:**

Before leaving, Doctor Russell V. Lee informed the Council that he had been appointed Chairman of an advisory committee to the Interim Committee of the California Senate, and that his advisory committee is making a study of voluntary and compulsory insurance plans existing in California and other states of the Union; and that he would be happy to receive suggestions in regard to the work.

10. **Special Committee on Executive Secretaries for County Societies:**

The special committee that had been appointed to report on the subject of executive secretaries for county medical units (Lloyd Kindall, Chairman; E. Vincent Askey, and Walter S. Cherry), submitted the following report:

On the morning of May 6th your Committee discussed the problems of Executive Secretaries with Messrs. Cochems, Waterson, Kihm, Donovan, Hunton, Read and Hassard, and Doctors Moore and Murray, and the thought behind all the discussions was that the preservation of the Practice of Medicine as we want it is at stake now.

The following facts were brought out:

(1) All doctors in the State must be informed of all legislation pertaining to the practice of medicine, whether local, state or federal.

(2) Good public relations must be maintained between the doctor and the patient.

(3) All doctors should take an active interest in placing proper men in public office, whether local, state, or federal.

(4) The C.M.A. should assume leadership in educating the doctors of this State.

Therefore, this committee recommends to the Council of the C.M.A. the following:

1. That we recognize the function of executive secretaries is two-fold: (1) Public Relations and Education, and (2) Local problems of each individual society.

2. That County Societies or groups of County Societies large enough to employ Executive Secretaries be encouraged to employ executive secretaries.

3. A Speakers Forum be established in as many counties as possible to educate both the doctor and the laity.

4. Indoctrination courses be encouraged in as many counties as possible for all members.

5. Secretaries of all County Societies meet at least once yearly.

6. Six or more field secretaries be employed and paid by the C.M.A., and placed under the Committee of Public Policy and Legislation, to inform and educate all doctors in counties not employing an executive secretary.

7. At the present time we are opposed to underwriting or subsidizing any county or counties in employing an executive secretary.

8. The need for executive secretaries in counties large enough to employ one should be determined by their own county and the problems involved should be worked out by their own council with the coöperation of the existing executive secretaries.

Discussion was had concerning field secretaries and other plans having relation thereto.

On motion made and seconded, it was voted to accept the report, with thanks and as conditions warrant, the Council attempt to put the plan into operation.

11. **Time and Place of Organization Meeting:**

It was agreed that the new Council would hold its organization meeting on Friday at 7:30 A.M., in the same room.

12. **Adjournment:**

On motion made and seconded, adjournment took place.

PHILIP K. GILMAN, *Chairman,*
GEORGE H. KRESS, *Secretary.*

Minutes of the Three Hundred Thirty-fourth (334th) Meeting of the Council of the California Medical Association

An executive session of the C.M.A. Council was called to order in Conference Room No. 6 at the Hotel Biltmore, Los Angeles, at 7:30 A.M., on Thursday, May 9, 1946.

1. **Roll Call:**

Councilors Present: Philip K. Gilman, Chairman; Sam J. McClendon, E. Vincent Askey, Herbert A. Johnston, Jay J. Crane, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, Edwin L. Bruck, Sidney J. Shipman, E. Earl Moody, Edward B. Dewey, Walter S. Cherry, Dewey R. Powell, and George H. Kress, Secretary.

Present by Invitation: Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; L. A. Alesen, Vice-Speaker, and Louis J. Regan, President, Los Angeles County Medical Association.

2. **Conference with Governor Earl Warren:**

As per arrangements made at the request of Dr. Junius B. Harris, of Sacramento, the Council convened at 7:30 A.M. to meet with the Governor of the State of California, Hon. Earl Warren, to informally discuss some public health matters of mutual interest. A full discussion of health insurance and the Governor's point of view on this subject took place. (Complete report of the proceedings is on file at the C.M.A. headquarters in San Francisco.)

After the departure of Governor Warren, a general discussion followed on various phases of C.P.S. and other sickness insurance plans.

Reference was also made to the approaching primary and run-off elections to be held in California this year.

3. **Adjournment:**

There being no further business, the meeting was adjourned.

PHILIP K. GILMAN, *Chairman,*
GEORGE H. KRESS, *Secretary.*

Minutes of the Three Hundred Thirty-fifth (335th) Meeting of the Council of the California Medical Association

The meeting was called to order in Conference Room No. 6 at the Hotel Biltmore, Los Angeles, at 7:30 A.M., on Friday, May 10, 1946.

1. **Roll Call:**

Councilors Present: Sam J. McClendon, John W. Cline, E. Vincent Askey, L. A. Alesen, H. Gordon MacLean, Sidney J. Shipman, E. Earl Moody, Louis J. Regan, Walter S. Cherry, C. V. Thompson, Herbert A. Johnston, Jay J. Crane, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, Edwin L. Bruck, Lloyd E. Kindall, Frank A. MacDonald, John W. Green.

Present by Invitation: Dwight H. Murray, Chairman Committee on Public Policy and Legislation; John Hunton, Executive Secretary; Howard Hassard, Legal Counsel; and Rollen Waterson, Executive Secretary, Alameda County Medical Association.

2. **Election and Appointment of Officers:**

On motion made and seconded, Lloyd E. Kindall was named Secretary Pro Tem.

On motion duly made and seconded, Councilor Edwin L. Bruck was elected Chairman of the Council.

On motion duly made and seconded, Councilor Sidney J. Shipman was elected Vice-Chairman of the Council.

President McClendon named Councilors Sidney J. Shipman (Chairman), Lloyd E. Kindall, and H. Gordon MacLean as members of the Auditing Committee for 1946-47. These nominations were approved by the Council.

By unanimous consent, the firm of Peart, Baraty and Hassard was appointed Legal Counsel for the coming year.

By unanimous consent, John Hunton was appointed Executive Secretary for the coming year.

The salaries of the Legal Counsel and Executive Secretary were approved at the previous levels.

By unanimous consent, Doctor L. Henry Garland was appointed Secretary and Doctor Dwight L. Wilbur was appointed Editor of the OFFICIAL JOURNAL, honorariums of these officers to be determined by the Executive Committee.

It was agreed that the distribution of text pages in the OFFICIAL JOURNAL would be left in the hands of the Editor.

3. **House of Delegates Reference Committees:**

Doctor Dell T. Lundquist of Santa Clara County appeared by invitation and suggested that Reference Committees of the House of Delegates be appointed in advance and that resolutions and other business to be presented to these committees be discussed prior to meetings of the House of Delegates and Reference Committee reports on such matters be presented in advance.

It was pointed out that members of the House of Delegates are not known many months in advance of the Annual Session and that the way must be left open for the introduction of new business at the time of the Annual Meeting. The Council took this request under advisement.

4. **Dues for 1947:**

On motion duly made and seconded, it was voted that the Executive Secretary prepare a digest of the reasons for the amount of 1947 dues, and forward copies to all delegates, alternates, presidents and secretaries of county medical societies and members of the Council.

5. **Councilor Visits:**

Doctor Murray pointed out the value of regular Councilor visits to the county societies and urged that the Councilors and Officers make a special effort to reëstablish such regular visits for the purpose of keeping the membership at large advised of all current activities.

6. **Advisory Committee to the Woman's Auxiliary to the C.M.A.:**

President McClendon appointed Doctors John V. Barrow of Los Angeles and A. B. Diepenbrock of San Francisco to serve along with the Association President, President-elect and Secretary as members of the Advisory Committee to the Woman's Auxiliary. These appointments were confirmed by the Council.

7. **Assistant to the Executive Secretary:**

On motion duly made and seconded, the Executive Secretary was instructed to seek an assistant and to take preliminary steps to secure such assistant, the appointment to be subject to approval by the Council.

8. **Field Secretaries:**

On motion duly made and seconded, it was voted that field secretaries to be employed by the Association would be under the direct control of the Executive Secretary, with advice and instructions on the activities of such field secretaries to come from the Committee on Public Policy and Legislation.

9. **Industrial Accident Commission Fee Schedule:**

The Executive Secretary was authorized to work for higher fees for office and hospital visits for compensation cases. Acceptance of any fee schedule is to be made as not prejudicing the right of the Association to make further requests for establishment of fair fees by the Industrial Accident Commission.

10. **California Plan:**

On motion by Moody, amended by Cline, it was voted that a letter be sent to all members outlining the action of the House of Delegates on the "California Plan" of certain insurance companies. This letter would specify the disapproval of the House of Delegates of the type of plan proposed by these companies.

11. **Stanford University Health Service:**

On motion duly made and seconded, it was voted that Doctor Russell Lee of the Palo Alto Clinic be requested by the Council to furnish the Association with a copy of the contract between the Palo Alto Clinic and Stanford University for the provision of a health service for Stanford students. If Doctor Lee does not furnish such a contract, a similar request is to be made of Stanford University. If neither request produces a copy of this contract, the subject of this service shall be considered at the next Council meeting.

12. **Public Relations Campaign:**

Doctor Alesen moved that the Association contribute to the radio program of a news commentator, and moved that the Public Relations Counsel be instructed to contribute toward this work.

Doctor Cline offered an amendment that this matter be placed in the hands of the Committee on Public Policy and Legislation. On adoption of the amendment, the original motion as amended was adopted. It was also voted that the attention of the National Physicians' Committee be drawn to the policies of nationally broadcasting news commentator programs handled by commentators sympathetic toward the free enterprise system.

13. **Instructions to C.M.A. Representatives in Washington:**

After discussion it was voted to instruct Doctor Green and Messrs. Hunton and Hassard to take the following steps in their coming visit to Washington, D. C.:

(a) The A.M.A. to be notified, preferably by telephone call from President McClendon to the General Manager or Legal Counsel of the A.M.A. of this trip, a conference with A.M.A. representatives to be requested.

(b) Part II of the proposed Taft Bill should be deleted if possible.

(c) C.M.A. representatives to use their best judgment in meeting the Washington situation without committing the C.M.A. to specific action or endorsement of suggested sickness insurance programs.

14. **Next Meeting of the Council:**

The time and place of the next meeting are to be set by the Chairman in consideration of the convenience of Senator Sheridan Downey and Col. Paul Holbrook of Arizona, who wish to confer with the Council on national legislative matters.

15. **Adjournment:**

There being no further business, the meeting was adjourned.

EDWIN L. BRUCK, *Chairman*,
LLOYD E. KINDALL, *Secretary Pro Tem.*

MEMBERS' ANNUAL MEETING OF TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Twentieth (20th) Meeting of Members

Pursuant to call of the president and notice by the secretary duly and regularly given and delivered to each member in accordance with the by-laws, the regular annual meeting of the members of the *Trustees of the California Medical Association*, a California corporation, was held in Conference Room No. 6 of the Hotel Biltmore, Los Angeles, California, on Friday, May 10, 1946, at the hour of 9:00 A.M., following the annual organization meeting of the Council of the California Medical Association.

There were present: Sam J. McClendon, John W. Cline, E. Vincent Askey, L. A. Alesen, Edwin L. Bruck, Sidney J. Shipman, E. Earl Moody, Louis J. Regan, Walter S. Cherry, Herbert A. Johnston, Jay J. Crane, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, H. Gordon MacLean, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and C. V. Thompson.

Absent: L. Henry Garland.

A quorum present and acting.

Sam J. McClendon, president of the corporation, acted as chairman of the meeting. Lloyd E. Kindall, acted as

secretary pro tem of the meeting.

The minutes of the last meeting of the Members of the *Trustees of the California Medical Association* having been sent to all members, upon motion duly made and seconded, it was voted that the same be approved and the actions therein taken ratified.

The meeting then proceeded to the election of directors of the corporation to serve for the ensuing year or until their successors shall be elected and qualified. Upon motion duly made, seconded and unanimously carried, the following were elected to serve as directors of the corporation for the ensuing year or until their successors shall be elected and qualified:

Sam J. McClendon, John W. Cline, E. Vincent Askey, Edwin L. Bruck, Sidney J. Shipman, Lloyd E. Kindall, L. Henry Garland.

After discussion, and upon motion duly made, seconded, and unanimously carried, it was,

Resolved, That Section 1 of Chapter XII of the by-laws of this corporation is hereby amended to read as follows:

"Section 1. The board of directors shall from time to time designate one or more banks in San Francisco or elsewhere in the State of California, to act as depository or depositories of this corporation, with which the funds of this corporation and its securities shall be deposited. All securities of this corporation shall immediately upon receipt thereof by the corporation or any director or officer thereof be forthwith deposited by the secretary or the treasurer with a depository of this corporation for safekeeping, and after such deposit such securities shall be withdrawn only upon and by resolution of the board of directors."

And be it further,

Resolved, That the secretary of this corporation is hereby instructed to insert in the book of by-laws of this corporation a certificate showing the foregoing amendment of Section 1, Chapter XII of the by-laws.

The president announced that the foregoing resolution was adopted by an affirmative vote of more than two-thirds of all members of the corporation.

After further discussion, and upon motion duly made, seconded and unanimously carried, it was

Resolved, That all checks, drafts, and other instruments obligating this corporation, *Trustees of the California Medical Association*, to pay money shall be signed by at least two of the following persons:

Sam J. McClendon, President; L. Henry Garland, Secretary; Edwin L. Bruck, Assistant Secretary; Sidney J. Shipman, Treasurer; Lloyd E. Kindall, Assistant Treasurer; John Hunton, Executive Secretary.

And be it further,

Resolved, That the secretary of this corporation shall forward a duly certified copy of this resolution to each bank in which this corporation maintains an account. And be it further,

Resolved, That each bank to which a certified copy of this resolution is delivered shall conclusively deem this resolution in full force and effect until it receives notification to the contrary from this corporation.

There being no further business to come before the meeting, upon motion duly made, seconded, and unanimously carried, the meeting adjourned.

SAM J. MCCLENDON, *President*,
LLOYD E. KINDALL, *Secretary Pro Tem.*

DIRECTORS' REGULAR MEETING OF TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Forty-second (42nd) Meeting of the Board of Directors

Pursuant to the by-laws, a regular meeting of the Directors of the *Trustees of the California Medical Association* was held in Conference Room No. 6 of the Hotel Biltmore in Los Angeles, California, on Friday, May 10, 1946, at the hour of 9:30 A.M.

Present were the following directors: Sam J. McClendon, John W. Cline, E. Vincent Askey, Edwin L. Bruck, Sidney J. Shipman, Lloyd E. Kindall.

Absent: L. Henry Garland.

Temporary Chairman, Sam J. McClendon, called the meeting to order and Lloyd E. Kindall acted as Secretary Pro Tem.

The Temporary Chairman stated that the first order of business was the election of officers to hold office for one year and until their successors were elected or appointed.

On nominations duly made and seconded and ballots duly cast and taken, the following Directors were unanimously elected to the offices of the corporation set opposite the name of each thereon respectively:

Sam J. McClendon, President; John W. Cline, First Vice-President; E. Vincent Askey, Second Vice-President; L. Henry Garland, Secretary; Edwin L. Bruck, Assistant Secretary; Sidney J. Shipman, Treasurer; Lloyd E. Kindall, Assistant Treasurer.

There being no further business, upon motion duly made and seconded, it was voted to adjourn.

SAM J. MCCLENDON, *Temporary Chairman and President*,
LLOYD E. KINDALL, *Secretary Pro Tem.*

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (19)

Butte-Glenn County (1)

Hoiland, Dean, *Paradise*

Contra Costa County (2)

Husser, George D., *Richmond*
Zinnaman, Burton L., *Richmond*

Fresno County (1)

Hashiba, G. K., *Fresno*

Riverside County (1)

Batzle, Joseph H., *Riverside*

Sacramento County (3)

Ito, Masayashi, *Sacramento*
Holstein, Theodore, *Sacramento*
O'Grady, George E., *Jackson*

San Bernardino County (1)

Dempsey, Thomas F., *San Bernardino*

San Diego County (2)

Clark, Adrian E., *La Mesa*
Ostendorph, John E., *National City*

San Francisco County (3)

Marcus, Sanford Albert, *San Francisco*
Saunders, Cecil Allen, *San Francisco*
South, Reagan H. F., *San Francisco*

San Mateo County (2)

Benner, Alan Norton, *San Mateo*
Boone, Thomas H., *Belmont*

Santa Barbara County (1)

Martin, Walter H., *Santa Barbara*

Santa Clara County (1)

Cox, John E., *Los Gatos*

Solano County (1)

Quinn, E. M., *Vallejo*

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† For roster of officers of component county medical societies, see page 4 in front advertising section.

Transfers (8)

Andrews, A. V., from *Merced County to Orange County*
Bernstein, Theodore I., from *Los Angeles County* to *Santa Barbara County*
Dufficy, Rafael, from *San Francisco County* to *Marin County*
Galbraith, Harold F., from *Ventura County* to *Orange County*
Green, Berryman, from *Riverside County* to *Orange County*
Johnson, C. A., Jr., from *San Joaquin County* to *Napa County*
Marchus, Donald B., from *Shasta County* to *Napa County*
Marnell, Frank S., from *San Joaquin County* to *Santa Cruz County*

Resignations (9)

Baba, George R., *San Francisco County*
Bischoff, Harold W., *San Francisco County*
Chase, J. S., *San Francisco County*
Crismon, Kenneth A., *Los Angeles County*
Davenport, J. Dryden, *Los Angeles County*
Fogerty, Clement A., *San Francisco County*
Kimball, Nellie T., *Los Angeles County*
Wells, Carl H., *Los Angeles County*
Wells, Lelia H., *Los Angeles County*

Retired Members (33)

Avery, John Waite, *Los Angeles County*
Bakewell, Benjamin, *Santa Barbara County*
Burke, Edward W., *San Bernardino County*
Eklund, Oscar E., *San Francisco County*
Fearn, J. Radford, *Alameda County*
Filipello, Eugene, *Santa Clara County*
Friedman, Maurice, *Los Angeles County*
Gagnon, A. L., *San Diego County*
Girard, Frank R., *San Francisco County*
Hill, Robert B., *Los Angeles County*
Jones, Ellis W., *Los Angeles County*
Kidder, Frank W., *Los Angeles County*
King, Ernest Harold, *Los Angeles County*
Magan, Percy T., *Los Angeles County*
Moore, Leroy Scott, *Santa Clara County*
Myers, Thomas Chalmers, *Los Angeles County*
Patrick, Marcia A., *Los Angeles County*
Powers, Allan Raymond, *San Joaquin County*
Rees, Harry C., *Los Angeles County*
Rose, Louis M., *Santa Clara County*
Rosencrantz, Esther, *San Francisco County*
Ryder, B. E., *Los Angeles County*
Sample, Thomas Nelson, *Fresno County*
Savage, William W., *San Bernardino County*
Sharp, James G., *San Francisco County*
Simms, John S., *Los Angeles County*
Smith, Ben H., *Los Angeles County*
Staniford, Kenneth J., *Fresno County*
Taylor, Ross O., *San Diego County*
Thomason, George, *Los Angeles County*
Welpton, Martha, *San Diego County*
Wood, C. H., *Los Angeles County*
Zook, A. J., *Los Angeles County*

Associate Members (11)

Brown, Ellen, *Alameda County*
Coleman, E. H., *Fresno County*
Condit, J. C., *Alameda County*
Custer, W. C., *Alameda County*
Erickson, Elenore, *Alameda County*
Farnsworth, S. F., *Alameda County*
McLean, Lester, *Solano County*
Mills, Martin, *Contra Costa County*
Singer-Brooks, Charlotte, *Santa Barbara County*
Stannard, Amy, *Alameda County*
Vedder, Edward B., *Alameda County*

In Memoriam

Alden, Eliot. Died at Los Angeles, April 10, 1946, age 71. Graduate of Harvard Medical School, Boston, Massachusetts, 1901. Licensed in California in 1906. Doctor Alden was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Hoffman, Laurence Harold. Died at San Francisco, April 23, 1946, age 68. Graduate of Cooper Medical College, San Francisco, 1897. Licensed in California in 1898. Doctor Hoffman was a retired member of the San Francisco County Medical Society, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

✤

Kasanin, Jacob Sergi. Died at San Francisco, May 4, 1946, age 48. Graduate of the University of Michigan Medical School, Ann Arbor, 1921. Licensed in California in 1939. Doctor Kasanin was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Percy, James Fulton. Died at Los Angeles, April 26, 1946, age 82. Graduate of the Bellevue Hospital Medical College of New York, 1886. Licensed in California in 1910. Doctor Percy was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Ransom, Dow Harvey. Died at Madera, April 7, 1946, age 65. Graduate of the Cooper Medical College, San Francisco, 1907. Licensed in California in 1907. Doctor Ransom was a Retired Member of the Fresno County Medical Society, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

✤

Reilly, William. Died at San Francisco, April 27, 1946, age 53. Graduate of the College of Physicians and Surgeons of San Francisco, 1918. Licensed in California in 1918. Doctor Reilly was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Reynolds, Julius Milton. Died at Long Beach, April 16, 1946, age 52. Graduate of the Atlanta School of Medicine, Georgia, 1913. Licensed in California in 1933. Doctor Reynolds was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Swearingen, Forrest Custer. Died at Pomona, March 24, 1946, age 60. Graduate of Rush Medical College, Illinois, 1914. Licensed in California in 1915. Doctor Swearingen was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

General Bradley Views Health Insurance

General Omar N. Bradley, veterans' administrator, told the Senate labor committee today that any compulsory health insurance legislation should protect veterans' existing rights to free medical care and hospitalization.

Bradley noted that the Wagner-Murray-Dingell bill on which hearings are being held does not specify means of finance. But he said that the term "prepaid personal health service benefits" indicates contributions are anticipated from employed persons. "This," he said, "would require the employed veteran to contribute toward a benefit to which he is already entitled without charge under existing law, in that he is entitled without cost to himself to hospital or out-patient treament of service-connected disability and to hospital treatment of non-service connected disability when a bed is available.

Expressing no opinion as to the advisability of the legislation, General Bradley said he had studied it purely from the veteran's standpoint and added that he is convinced the veterans' hospitalization benefits should remain exclusively under his administration.—The Sacramento *Bee*, May 3.

Lessons from Military Psychiatry

Even though the public is pessimistic about the recovery rate of mental illness, 60 per cent of Army mental combat casualties were salvaged for duty within 15 miles of the front, Brigadier General William C. Menninger, director, Neuropsychiatry Division, Office of the Surgeon General, reported recently in New York.

He discussed the topic, "Lessons from Military Psychiatry for Civilian Psychiatry," in the second Menas S. Gregory lectureship of the New York University College of Medicine, on April 27.

Clinical knowledge developed by the Army showed "undoubtedly that psychiatry is only on the doorstep of its potential usefulness," General Menninger declared. He based his statement on that fact that a million American soldiers were admitted to Army hospitals for treatment of mental disorders and personal maladjustments during his past five years in military service.

"Only 7 per cent of those cases were of a really serious nature," he said. "Between 75 and 80 per cent were psychoneurotics, while the rest suffered from personality disorders."

"It is an accepted fact that in the ideal civilian practice clinical psychologists and psychiatric social workers should be utilized," he said. "But there are many large civilian clinics and hospitals that do not use them. The Army applied this plan and convinced those of us in charge of their essentiality."

General Menninger urged that a public education campaign similar to those for cancer and tuberculosis be undertaken for psychiatry. "Psychiatry must overcome its self-destructive trends by actively participating in and becoming an intricate part of the daily practice of all medicine," he stated.

Need for Cancer Information Is Stressed

The percentage of cure cases in cancer would be raised from 15 to 40 per cent if more people understood the disease, Dr. Leo H. Garland told the San Francisco Division of the American Cancer Society recently.

Speaking at a luncheon, Dr. Garland, San Francisco x-ray man, emphasized the four elementary cancer facts:

"Cancer is uncontrolled growth of body cells.

"Cancer can be cured in early stages.

"Many cancer cases are being cured now.

"Cancer is not contagious as far as we know, nor is it hereditary in itself."

Tagging cancer as "the second most important killer of persons," he stated the disease killed twice as many persons during the war as did the Japanese.

His speech was part of the educational campaign now being fostered by the Cancer Society. It was delivered at a luncheon at the Palace Hotel.

Mrs. Joseph L. Gould, San Francisco Commander, presided at the luncheon. Dr. Harold Brunn made the opening address.

Along with its educational program, the American Cancer Society is in the midst of a campaign for funds. —San Francisco *Chronicle*, March 30.

Photograph of Service Medical Men. Taken at Testimonial Dinner to Service Men of University of California Medical School, Palace Hotel, San Francisco, April 25, 1946. (See May CALIFORNIA AND WESTERN MEDICINE, page 317.)

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Public Health Training Fellowship

A grant for the establishment of 125 fellowships to train physicians and sanitary engineers in public health has been approved by the National Foundation for Infantile Paralysis.

Each fellowship provides a year's graduate training in a school of public health or a school of sanitary engineering. The fellowships, available either during the academic year beginning in the fall of 1946 or the fall of 1947, are open to men and women citizens of the United States under 45 years of age.

Purpose is to aid in recruitment of trained health officers, directors of special medical services, and public health engineers to help fill some of the 900 vacancies in public health medical positions and 300 vacancies for public health engineers, existing in state and local health departments over the country. The fellowships are reserved for newcomers to the public health field. They are not open to employees in state and local health departments, for whom federal grants-in-aid are already available to the states.

Applicants for fellowships may get details by writing the Surgeon General, U. S. Public Health Service, Attention: Public Health Training, 19th and Constitution Avenue N.W., Washington 25, D. C. Applications for training in the fall term of 1946 should be filed promptly.

Parent-Teachers Health Education Drive

Every effort will be made to carry out a resolution calling for "positive programs of health education" which was adopted at the California Congress of Parents and Teachers held in San Francisco last May.

This was the promise of Mrs. Rollin Brown of Los Angeles, newly elected president of the congress, who observed that "it is a sad fact that only 29 counties in California have full-time health services."

Mrs. Brown urged that all counties should have public health services and that parents should be educated to the purposes of the treatments. "It will not help unless parents go along with their children on health services," she said, adding that she would like to see an extension of immunization programs.

Help Asked in Encephalitis Study

Coöperation of practicing physicians in a special investigation of encephalitis is asked by the California State Department of Public Health which is conducting the study.

The investigation will include epidemiological follow-up of suspected human and animal cases, laboratory diagnosis, and investigation of mosquito vectors.

The request for coöperation points out that accurate diagnosis depends upon securing:

a. Blood specimens (20 c.c.) as soon as the disease is suspected and second specimens during convalescence, for comparison of antibody titre;

b. Autopsy material for virus isolation.

Physicians are asked to:

1. Secure blood specimens as soon as encephalitis is suspected and send to the State Bacteriological Laboratory, Life Sciences Building, University Campus, Berkeley, 4. (The second specimen should be taken 14-21 days after date of onset.)

2. Report suspected cases at once by telephone to local health officer.

3. Notify the State Department of Public Health by telephone immediately in event of a death due to encephalitis. It is essential that any specimens for virus work be collected before embalming.

Stomach Ulcer Treatment

Dr. Benjamin M. Bernstein of New York University, described use of a stomach ulcer treatment which he said was "in complete contradiction" with a theory that gastric acidity irritates ulcers.

In a report to the American College of Physicians' twenty-seventh meeting, he said he and fellow investigators had employed in 75 ulcer cases an injected histamine. He declared it actually stimulates acid in the stomach, but at the same time has the faculty of opening up constricted vessels in the body.

Dr. Bernstein said complete relief of ulcer pain was achieved in 69 cases in from four to 18 days on daily injections.

He added that from a special study of 18 patients designed to prevent recurrence of symptoms "we can report that almost all of these patients, who previously had two or more episodes per year, have now for the first time in years gone through the spring season free from ulcer pain."

Tuberculosis Chemo-therapy

Subtilin and eumycin, new extracts taken from the air, have proven of initial value in experiments directed against tuberculosis, the American Society of Bacteriologists was informed.

Dr. A. J. Salle of the University of California told the forty-sixth general meeting of the society that "results so far lead us to believe that subtilin may prove to be a valuable agent or drug in the chemo-therapy of tuberculosis."

His report followed by a few minutes one in which Drs. Edwin A. Johnson and Kenneth L. Burdon of Baylor University told the nearly 1,000 delegates that eumycin "prevents entirely or definitely inhibits" the growth of certain human types of tuberculosis.

The results of the unrelated experiments were announced less than twenty-four hours after the society received reports indicating that another agent, the drug streptomycin, has proven disappointing in relation to tuberculosis.

Study of Child Health Services*

All practicing physicians and dentists will be asked in the near future to fill out simple questionnaires giving data necessary to a study being undertaken by the American Academy of Pediatrics in coöperation with government and lay organizations to determine the extent and availability of existing child health facilities in each community.

Asking coöperation in filling out and returning the questionnaires accurately and promptly, the Academy points out that "this is a study by and for the medical profession and, as such, its importance cannot be overemphasized, especially in these times of proposed and impending legislation."

The present study is an outgrowth of a plan for the study of child health services throughout the United States which was sponsored in the fall of 1944 by the American Pediatrics Society and which now has been adopted by the Academy. Expenses for the most part are being covered by funds furnished by voluntary health groups and agencies.

* See reference in Minutes of the C.M.A. House of Delegates in this issue of CALIFORNIA AND WESTERN MEDICINE on pages 360 and 388.

Basically the study falls into four main fields of inquiry:

1. *Hospital Facilities.* Detailed information concerning pediatric care will be sought from all hospitals. The greatest part of this information will be collected by the Commission of Hospital care which is conducting a study through the State at the present time. The remainder will be collected by pediatricians making personal visits to hospitals assigned to them in their localities.

2. *Community Health Services,* both official and voluntary. An appraisal of the extent and quality of services such as well-baby conferences, school health programs and public health nursing will be made.

3. *Distribution, Qualifications, and Activities of Professional Personnel* in relation to the amount of time spent by all in the care of infants and children. Further detailed information will be gathered from the pediatricians.

4. *Pediatric Training* as given by the various medical schools is to be studied at a later date by a separate committee on medical education.

The study is to be carried out at a State level with each Academy of Pediatrics State chairman being responsible for the work in his area. Full time executive directors, who are also Academy members in California, have been appointed, and they will be responsible for the administration of the program.

Smallpox in San Francisco First Outbreak Since 1939

The first case of smallpox to be reported from San Francisco since 1939 occurred in a member of the armed forces who was flown from Japan and developed symptoms en route. On December 29th, 1945, the day of his arrival, he was hospitalized with a rash which subsequently was diagnosed as smallpox. He has a history of an unsuccessful vaccination in 1943. From that time until March 13th, five additional cases have occurred among San Francisco residents although only coincidental relationship has been established with the initial case.

The second case, onset January 15th, occurred in a woman who lived in the neighborhood of the military hospital but is not known to have had any contact with the case. Formerly a school teacher, she had been vaccinated many times when school immunizations were done but has no scar and no history of a nonimmune reaction.

The other four cases were in members of two Negro families living in the same house in another section of the city. There has not been established any epidemiological relationship between these cases and either of the first two.

The first case of this group of four was in a four-year-old unvaccinated boy whose onset was February 12th but who did not receive medical attention for a week. Although household contacts were immediately vaccinated, cases developed in three persons, all of whom had histories of previous immunization: his mother, onset February 28th; a seven-year-old boy and his mother, onsets March 5th.

Aside from the sudden appearance of six cases of smallpox in a city which had been free of the disease since 1939, there are several points of particular interest in the outbreak.

Five of the six cases had been previously vaccinated. On the record of one of the five, the vaccination was recorded as "unsuccessful" and another had a history of never having had a primary reaction despite repeated vaccinations. Three persons had scars as evidence of previous immunization and although dates could not be established, vaccination had been within the past seven years in the case of the seven-year-old boy.

Three cases possibly could have been prevented had immediate medical attention been secured for the four-year-old boy, since less time would have elapsed between exposure and vaccination of contacts.

It would seem that the strain of virus responsible for the San Francisco outbreak is a virulent one. One case, in the unvaccinated boy who went without medical attention for a week, has been unusually severe.

* * *

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
(Bulletin of April 12, 1946.)

To All Health Officers:

In California to date, 12 cases of smallpox have been reported, as follows:

1. Alameda County	2
(Origin outside the United States)	
2. San Diego County	1
Origin within City of San Diego)	
3. San Francisco	9
(Origin within city 6)	
(Origin outside the United States 3)	
Total	12 No deaths

In the State of Washington, 40 cases with 7 deaths had been reported up to April 11th.

* * *

San Francisco's Blood Bank's Future Needs Cited

In March, 1946, the Irwin Memorial Blood Bank of the San Francisco County Medical Society passed the 65,000 mark in donors. In its four and one-half years of existence, more than 65,653 donors have given their blood and during the same period some 40,000 bloods have been distributed for transfusions. In 1945, donors gained 1,500 over the preceding year. Bloods distributed were 1,300 above the 1944 figure.

The bank made rapid strides under the stress of war emergency when the need for blood was apparent to all. At times, however, operations were on a very narrow margin and often the refrigerators were nearly empty.

In order to keep the cost of transfusions at the lowest possible level to residents in this community, the commission decided to try again this year to operate on a basis of one donor for one unit of blood. This decision, however, has imposed a great responsibility on the commission and the staff. . . .

The only reason the one donor for one unit of blood can be considered is the hope that with more publicity, as well as the coöperation of doctors and the public, the bank may receive some 6,000 voluntary donations this year. This figure is not excessive if present demand is to be met. These donations must be exclusive of hospital replacements, which means 6,000 a year, or 500 per month. In other words, the bank must have some 20 voluntary donations a day. . . . —*Bulletin* of the San Francisco County Medical Society, April, 1946.

COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS

Medical Education Standards

In an editorial entitled "Financial Support of Medical Schools," *The Journal of the American Medical Association* anticipates a serious lowering of standards in medical education.

"The war dealt a serious blow to the quality of medical education," *The Journal* says in its April 27 issue, adding: "The failure of the Selective Service System to provide for the training of scientists has already resulted in a serious deficiency of instructors, particularly in preclinical subjects. The rosters of candidates for Doctor of Philosophy degrees in our larger universities have been largely nonexistent for some four or five years.

"A further threat to the quality of medical education lies in financial developments involving the budgets of our medical schools. Dr. Frank E. E. Germann pointed out in a recent issue of *Science* that the current salaries in effect for instructors in science are such as to make it virtually impossible to attract qualified men and women to these institutions as teachers. He says, 'A small number of our highly endowed educational institutions have been able to hold and attract outstanding scholars because of their higher salary scales, but the average private or state-supported institution has been forced into mediocrity.' He asks, 'What future can we promise young men and women holding pre or postdoctoral fellowships at $1,800 to $3,000 when we still offer $2,000 for assistant professors and require that they have the doctorate degree? What chance do we have to secure a competent teacher in science when a full professor, after thirty years of service, may never reach a salary of $4,000?'"

Herms Commended by Army, Navy

Commendation has been received at the University of California from both the Army and the Navy, for the work performed by Dr. W. B. Herms, professor of parasitology on the Berkeley campus and lecturer in tropical medicine in the Medical School. With rank of lieutenant colonel, Professor Herms aided in the sanitation problems of expeditionary forces, particularly in the Pacific islands.

U. C. Man Elected to Harvard Post

Dr. John H. Lawrence, assistant professor of medical physics on the Berkeley campus of the University of California, has been elected president of the Harvard Medical Alumni Association.

Dr. Lawrence, who directs the medical research of the University's Radiation Laboratory, will preside at a meeting of the Association July 3 on the occasion of the annual scientific gathering of the American Medical Association in San Francisco, Dr. Roger Lee, president of the A.M.A. will be the speaker for the alumni meeting.

Net Gain of 1,892 Physicians

There were 5,707 additions to the medical profession in 1945, according to data presented in the forty-fourth annual compilation of medical licensure and allied statistics by the Council on Medical Education and Hospitals of the American Medical Association and published in the May 11 issue of *The Journal of the American Medical Association.*

"The number of physicians removed by death in the United States and possessions in the same period was 3,815," *The Journal* says, adding: "It would appear therefore that the physician population in the United States last year increased by 1,892."

During 1945 there were 9,153 licenses to practice medicine and surgery issued by the medical examining boards of the 48 states, the District of Columbia, Alaska, Hawaii, Puerto Rico and the Virgin Islands. Of these licenses, 5,541 were issued after examination and 3,612 by reciprocity and endorsement of other state licenses or of the certificate of the National Board of Medical Examiners.

California, with 1,208, issued the greatest number of licenses during 1945. New York issued 799 and Pennsylvania 518.

Increases in the number of physicians registered last year as compared with data reported for 1944 were noticeable in a number of states and particularly in Arkansas, California, the District of Columbia, Florida, Illinois, Indiana, Iowa, New Jersey and the possessions, while more pronounced decreases in registration occurred in Georgia, Kansas, Kentucky, Maryland, Michigan, Mississippi, Missouri, Nebraska, Ohio, Pennsylvania and Virginia.

The greatest number of graduates of any one school examined was 228, representing Indiana University School of Medicine. Of this number, 213 were examined in Indiana and 15 in seven other states. Graduates of the University of Pennsylvania were examined in the greatest number of states—22.

Twenty-seven approved medical schools in the United States had no failures before medical licensing boards.

Altogether there were 5,929 candidates who appeared before medical examining boards in 1945, of whom 5,341 passsd and 588, or 9.9 per cent, failed. The greatest percentage of failures represented two groups—foreign and unapproved schools.

Council Secretary Victor Johnson reported that the wartime accelerated medical program started about July 1, 1942, and the peak of graduates was reached in 1944, when two classes were graduated at most schools. The total number of graduates for the four session three year cycle to July 1, 1945 was 20,662. For the four years 1942 to 1945 inclusive 35,803 physicians received licenses. This figure includes physicians previously licensed who are migrating to other states and veteran medical officers not returning to their original state of practice.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Medicine Takes the Initiative

The American Medical Association has announced development of a country-wide system of voluntary sickness insurance protection to be operated on a non-profit basis by local medical groups. The average cost to any individual policyholder enrolled under the coördinated voluntary system will be "considerably less" than the $144 annual payroll deduction suggested under the President's compulsory health insurance program.

Local prepayment plans now in operation must conform to the following standards in order to become part of the new proposed nationwide system:

(1) They must have the approval of the state or county medical society in the area in which they operate.

(2) The medical profession in the area must assume responsibility for the medical services included in the benefits.

(3) The local plans must provide free choice of a qualified doctor of medicine and maintain the personal, confidential relationship between patient and physician.

(4) They must be organized and operated to provide the greatest possible benefits in medical care to the subscriber.

The medical profession is working to perfect a national voluntary health system because it believes that is the only way the American people can continue to enjoy a high standard of medical care. It also believes the American people prefer voluntary action to compulsion. —Anaheim *Bulletin*, March 27.

Private Disability Insurance Stimulated

California's disability insurance act, which hasn't gone into effect as yet, is nevertheless already benefiting buyers of this type of insurance.

It was disclosed today by officials of the State Employment Stabilization Commission that private companies are developing disability insurance plans more liberal than the state's.

Some private plans cost only three-quarters of 1 per cent of a worker's salary per month. And they pay benefits up to $30 a week for 52 weeks.

This is against the state's rate of 1 per cent (or a continuation of the present 1 per cent unemployment insurance tax), and a limitation of 23.4 weeks of benefits.

The private plans weren't always so liberal. In fact, before the special session of the legislature enacted the disability bill this spring, such generous terms were almost unheard of, except for one 52-week, $30 plan in existence for five years.

Stabilization Commission officials are agreeably surprised at this turn of events. There is a clause in the disability bill allowing groups to insure with private companies and stay out of the state act if they so desire.

Frankly, the officials didn't think private companies would make terms attractive enough for many to take advantage of this clause, but they are, says Pat Merrick, who heads a state employment division handling this subject.

Such private plans must get the approval of the Stabilization Commission, but many that have been submitted so far to the division headed by T. H. Mugford, one of the commissioners, appear eligible.—San Francisco *Chronicle,* May 16.

Urges U. S. Care for Mothers, Babies

Dr. Martha M. Eliot urged early congressional action on national health legislation, saying that "each day debate goes on, we lose eight more mothers and 85 more babies needlessly."

Since the bill was introduced last fall, the associate chief of the labor department's children's bureau told the senate labor committee, "more than 13,500 babies and 1,300 mothers have died whose lives might have been saved."

Both she and Secretary of Labor Schwellenbach recommended that care should be provided for all children and expectant mothers, rather than limited to families "insured" under the proposed compulsory health insurance plan.—Sacramento *Bee,* May 1.

Vet Group Backs Compulsory Insurance

Chairman Charles Bolte of the American Veterans' Committee today urged passage of the Murray-Wagner-Dingell bill for compulsory health insurance to provide veterans with the same "modern pattern of medical care" they got in the armed services.

Bolte testified before the Senate Labor Committee, which is considering the bill.

"Most of us found that the medical care we got in the service was as good or better than we ever got before, minor gripes notwithstanding.

"The main reasons it was good were that we got it when we needed it, we got all of it the doctors felt to be necessary, and we did not have to limit out treatments to those we could pay for at the time.

Bolte said AVC had conducted discussions of the Murray-Wagner-Dingell bill at its chapters throughout the country and is overwhelmingly in favor of it."—San Francisco *Chronicle,* May 1.

Congress Opposes Socialized Medicine

A study made by Surveys, Inc., for Look Magazine, of Congressional opinion on a number of vital legislative problems, shows the following: (q) Do you favor Socialized Medicine?

Yes	14.5 per cent
No	81.9 per cent
No opinion	3.6 per cent

Taft Health Bill Would Aid States

A Republican counter proposal to the administration's national health insurance bill would allot $220,000,000 yearly to the states to improve medical and dental care.

Senators Taft, Ohio, Ball, Minnesota, and Smith, New Jersey, joined in offering the bill which they said "places the primary responsibility for the health of the people on the states and local governments."

"We believe that federal funds are necessary," they added in a statement last night, "but only to aid the lower income groups of the population and furnish financial assistance to states and local governments to supplement the limited funds available for help."

The Taft-Ball-Smith measure would bring all federal health activities under a national health agency to be headed by a physician, preferably with cabinet status.—Fresno *Bee,* May 3.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Acts to Lift Hospital Standards

Alameda County's Medical Association plans to impose stringent requirements upon physicians and surgeons practicing in nine of the county's hospitals that exceed standards fixed by the American Medical Association and the American College of Surgeons.

The plan, approved recently by the Association's Council, according to Dr. Warren Allen, president, awaits concurrence by the various hospital managements and, if put into effect, will be aimed at "a higher level of quality in medical and surgical care than has been attained elsewhere. . . ."

"The Association plans," Dr. Allen said, "include the establishment in each hospital of a Board of Medical Review composed of especially qualified general practitioners and specialists whose duty it will be to review and evaluate the results obtained in each case admitted to the hospital.

"The review board in each hospital will require that qualified designated consultation or assistance be obtained in such instances as may be deemed advisable to the best interests of the patient."—Oakland *Tribune,* May 5.

COMMITTEE ON POSTGRADUATE ACTIVITIES

U. C. Plans Medical Refresher Course

The medical faculty of the University of California will give an intensive refresher course in internal medicine at the Medical Center from June 17 to 28 inclusive, under the sponsorship of the American College of Physicians.

It is a postgraduate course for general practitioners, intended primarily for members of the American College of Physicians. Dr. Stacy R. Mettier, associate professor of medicine, is in charge of the program.

Sessions will be held five days a week, Monday through Friday, from 9 a.m. to 5 p.m. Symposia will be given on a wide range of subjects, including endocrinology, the anemias, psychosomatic relationships, pulmonary diseases, arthritis, nutrition, etc.

The Society for Investigative Dermatology

The Society for Investigative Dermatology will resume its annual meetings this year with a gathering June 30, at the Hotel Whitcomb, San Francisco. The two scientific sessions, from 10 A.M. to 1 P.M., and from 2 to 6 P.M., are open meetings and are not limited to members only.

The Scientific Program follows:

Presidential Address: The History of Lupus Vulgaris.

Mechanism of Spontaneous Cure of Tinea Capitis in Puberty.

Somato-Psychic Medicine.

A Histopathologic Study of Cicatrizing Alopecias.

Experimental Aspects of Penicillin Sensitization with Especial Reference to Conjoint Sensitization to Superficial Fungus Disease.

New Surface Active Antibiotics.

Advances in Our Knowledge of the Chemistry of the Skin.

Severe Erythema Bullosum with Grave Constitutional Symptoms.

The Use of the Hormones in Dermatology.

Studies on the Adherence of the Epidermis to the Corium.

Pyribenzamine in Experimental Allergic and Non-Allergic Skin Manifestations.

Melanin Pigmentation Through the Ages.

Systematized Amyloidosis of the Skin and Muscles.

Local Sensitization of the Skin to Grenzrays.

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

Doctors, Nurses Needed in Vet Hospitals

Announcement of openings for doctors and nurses in California, Nevada and Arizona Veterans' Administration hospitals has been made by Forrest G. Bell, M.D., branch medical director.

Additional doctors up to 70 years of age are needed to rate pension claims of veterans, Dr. Bell said. As medical rating specialists they will have no clinical or hospital responsibilities.

The hospital positions for doctors offer extensive opportunities for research, varied clinical experience, professional advancement and recognition and close association with medical teaching centers.

Salaries are based on the qualications of each doctor. The general range is from $3,640 to $6,230 annually, but there are a few higher salary positions. An additional 25 per cent is paid to doctors certified by one of several American Specialty Boards.

Preference as to location and duty in any one of the nine Veterans' Administration hospitals in the three states will be given every consideration possible.

Doctors and nurses should write or apply to the San Francisco Veterans' Administration Branch 12 office, 49 Fourth Street, or the manager of any V.A. station.

Christmas Seal Sales Increase

Christmas seal sales in California last year topped those in any other state for the third consecutive year, although the State's percentage increase over the preceding year was less than for the nation as a whole.

Final figures released by the National Tuberculosis Association show sales by California Tuberculosis and Health Association at $1,293,535, or 3.6 per cent above the previous year's total, while the national total rose 4 per cent to a new high of $15,572,000.

Second to California last year was Pennsylvania Tuberculosis Society with $1,275,000, while New York State Committee on Tuberculosis was third with sales of $1,049,000.

Nurses' Aides Honored

More than a thousand Red Cross Nurses' Aides were presented certificates of merit at a buffet tea given in their honor May 2 at the Fairmont Hotel, San Francisco.

The certificates were awarded by the San Francisco Hospital Conference in appreciation of the part played by the recipients in enabling civilian hospitals to maintain adequate hospital care during the war years.

Speakers included J. J. Rourke, superintendent of Stanford Hospital; Dr. C. L. Cooley, president of the San Francisco County Medical Association; Mrs. William P. Roth, chairman of the Volunteer Service for the Red Cross, and Mrs. Stanley B. Powell, chairman of the Nurses' Aide Corps.

TB Nursing Institute to Open June 24

The University of California at Berkeley, in coöperation with the California State Department of Public Health, has announced a three weeks' institute on tuberculosis nursing from June 24 to July 12. The course will be conducted by Miss Margaret Taylor, Tuberculosis Nursing Consultant, USPHS, with medical lecturers provided by the Bureau of Tuberculosis, State Department of Public Health. Three units of university credit will be given upon completion of the course.

C.M.A. CANCER COMMISSION

Broader Program for Cancer Control

During this first post-war year the Cancer Commission has been able to resume its activities and to enter upon a larger program for cancer control. The entire program has been presented step-by-step to the Council of the C.M.A. and the commission has been proceeding under the direction and approval of the council.

The commission has started the preparation of a new Cancer Manual to be distributed to the members of the C.M.A. following the pioneer work that was done in 1932-34 and appeared as *The Cancer Commission Studies*. The present manual is in charge of an editorial committee composed of Doctors Dobson, Pflueger and Berne. During the year the commission has made a preliminary survey of the clinics and facilities for the treatment of cancer in California. This is the beginning of an extensive survey which will be conducted next year. In the past few months two of the dormant cancer clinics have been reactivated and four new cancer clinics in approved hospitals are in the process of formation. The commission will be prepared to advise and assist in the formation of necessary cancer clinics throughout the State.

During the year several members of the commission have been requested to speak before meetings of county medical societies. Preparations are underway to coöperate with the Postgraduate Committee of the C.M.A. so that meetings on cancer will be available whenever they are requested. The commission is also contacting the medical schools in California to provide formal refresher courses on cancer. This program is being developed with the coöperation of the California Division of the American Cancer Society.

The Pre-Convention Conferences in Radiology and Microscopic Tumor Pathology were renewed at the annual meeting of the C.M.A. in Los Angeles. In spite of the difficulties attending this first post-war meeting and transportation hazards both conferences were unusually successful. The symposium conducted by Dr. Harry Garland at California Hospital in diagnostic and therapeutic radiology presented many new and unusual manifestations of neoplasms and also the new concepts of radiation therapy. More than fifty pathologists attended the Microscopic Tumor Conference in the Science Building of the University of Southern California under the leadership of Dr. Paul Guttman. The microscopic slides

of twenty patients were reviewed in conjunction with histories, clinical findings, and the final diagnoses in these cases.

A new feature in the 1946 annual meeting was the Cancer Commission dinner for the Cancer Committees of the County Medical Societies and for representatives of approved cancer clinics. The guest speakers included Dr. George Pack, Surgeon of the Memorial Hospital in New York, Mrs. Doris Ryer Nixon, State Commander of the Field Army of the American Cancer Society, and Dr. Malcolm H. Merrill, Deputy Director of Public Health. Members of the commission presented informal talks to acquaint the representatives of the county medical societies with the work and program of the commission. The county societies and cancer clinics were invited to bring to the commission their problems in cancer control, as well as to assist the commission in its statewide program.

Cancer Clinics for Fresno

The establishment in Fresno of two cancer clinics for diagnostic and consultative work, seeking to curb the disease, is foreseen by July 1 as officials in charge of the recent campaign for cancer control funds reported the city's collections totaled $15,869.98, far in excess of the $10,400 sought.

Dr. William L. Adams, Jr., the chairman of the clinic committee for the Fresno County Cancer Society, said officials of the cancer commission of the California Medical Association, at a meeting in Los Angeles last weekend, approved plans for the proposed clinic in the Fresno Community Hospital and approved in principle the clinic planned for the Fresno County General Hospital.

Practically Assured

This means, Dr. Adams said, the consultation and diagnostic clinics are virtually assured, subject only to final approval of medical men to be included on the panel of specialists conducting the clinics by the various agencies concerned. This approval is virtually automatic, Dr. Adams said.

"The doctors will be appointed by the hospital staff, their qualifications and sent to the Fresno County Medical Society for approval. The county group in turn will ask for the approval of the county cancer society," Dr. Adams explained. "The recommendations then go to the cancer commission of the California branch of the American Medical Association. Their approval, together with a suggested budget, goes next to the California Association of the American Cancer Society. We foresee no difficulty in obtaining all the necessary approvals.

Hope for Early Start

"Thus, we hope to get something started in the Fresno Community Hospital by July 1st. Very little additional equipment is needed and the panel of specialists who will participate in the work is practically completed."

Dr. Adams said the clinic proposed at the general hospital has been promised by Dr. H. M. Ginsburg, the hospital director, and will involve little more than official approval of the program already functioning there for indigent patients.

Under the plan proposed for the community hospital, Dr. Adams said, all the work necessary for complete diagnosis of suspected cancer cases will be handled, with the following specialists in their fields included on the panel of experts available for consultation:

A surgeon, dermatologist, gynecologist, internist, urologist, radiologist and pathologist. Others will be added as the need for their services develops.

On Cost Basis

The physician reported the fees in the latter clinic will be on a cost basis, with additional financial aid coming from the cancer societies through money collected in the recent drive and future fund raising campaigns.

"This should amount to a considerable saving," he asserted. "The extensive laboratory procedure necessary in diagnostic work is very expensive, and often includes both bacteriological and chemical analysis, as well as the x-ray and other means of determining the presence of the tumorous growths."

The collections reported by Dale Orr, representing the Fresno Exchange Club, sponsor of the drive which closed last week, together with the $5,510 reported from outlying communities, puts the campaign substantially over the mark of $16,000 sought in the month long effort to assure the clinics.

There remains approximately $300 to be collected from pledges in the city drive, which will put the city's total alone over the entire county quota. With some collections still outstanding in the county, officials predicted the over-all total will exceed $20,000.—Fresno *Bee*, May 14.

Cancer Bill Benefits

One of the most forward looking pieces of legislation ever conceived in the interests of suffering humanity is being considered by the house foreign relations committee.

It is the Pepper-Neely bill to appropriate $100,000,000 for a supreme effort to discover means of curing and preventing cancer, which takes the lives of some 170,000 Americans each year.

For a nation which spent $2.000,000,000 on the atomic bomb project and hundreds of billions more in prosecuting the war, this sum is small enough indeed when compared with the benefits which might be achieved.

For example, during the years 1942, 1943, 1944 and 1945 cancer killed at least twice as many Americans as were killed in the war.

The proposed Pepper-Neely appropriation would permit medical science to attack the problem of cancer cure and prevention on the same broad basis as the physicists attacked the problem of unlocking the secrets of nuclear energy for the development of the atomic bomb.

If the medical men should be successful in their research, here is a secret which we willingly could and would give to the world as a contribution to all humanity.

In any event, on the outcome of deliberations on the bill rests the fate of 17,000,000 Americans who may be condemned to cancer deaths.—Editorial in Sacramento *Bee*, May 15.

San Mateo County Clinic Planned

Plans for the establishment of a cancer clinic in San Mateo County were told this week by Mrs. Leonard Wood when she spoke to members of the Lions Club at their dinner meeting.

Mrs. Wood, a member of the San Mateo County unit of the San Francisco Junior League, which has been asked by the American Cancer Society to campaign for funds during April, told Lions members that the clinic, although still in the formative stage, is expected to be completed within a year.

Need for a clinic to combat cancer was brought into sharp relief by the publication of statistics showing the disease casualties during the war years, Mrs. Wood said.

"During the war years more Americans died from cancer," the speaker stated, "than on the battlefields of both the German and Jap fronts."—Redwood City *Tribune*, April 12.

Doctors Urge $100,000,000 Cancer Fund

A group of doctors and scientists urged Congress to provide $100,000,000 for a Government-sponsored cancer control program.

Such action is necessary, the witnesses told the House Foreign Affairs Committee, in order to finance necessary research to halt an increasing rate of cancer.

The committee is considering bills by Senator Pepper (D., Fla.) and Representative Neely (D., W. Va.) to authorize the federally-backed program.

Julius Jay Perlmutter of New York, chairman of sponsors of government action against cancer, told the Legislators the President should be given the money "for an attack on the cancer problem similar to the Manhattan project which produced the atomic bomb."

"It is time that recognition was given to this national emergency," Perlmutter said. "Cancer experts say that 17,000,000 persons are doomed to die in our life time unless a cure is found.

"The appropriation of $100,000,000 is merely $6,000 per person doomed to die.

Other testimony, including statements filed with the committee, included:

Dr. G. Fialla, director of radiological research laboratory, Columbia University: "Ten cancer research centers should be established and financed for a period of at least ten years. At present no scientists can indicate a definite line of attack that will solve the problem."

Dr. Harry B. Friedgood, president, cancer research foundation of California: "It is a well-known fact among those who work in this field that certain aspects of the cancer problem are not being investigated and cannot be investigated because money is not available for the purchase of specialized scientific instruments. The need for legislation is imperative."—San Francisco *Chronicle*, May 8.

CALIFORNIA PHYSICIANS' SERVICE†

Report of the Trustees to the Administrative Members of C.P.S.

CHESTER L. COOLEY, M.D., *Secretary*

In giving you my report as secretary of the Board of Trustees of California Physicians' Service, I believe you will be interested in reviewing those men who bear the responsibility for the operations of California Physicians' Service. Their names lead this column.

I should like to remind you that C.P.S. is now in its eighth year of operation. We are no longer a little business. We are now big business. I should like to call your attention to the fact that C.P.S. has undergone almost every possible adverse condition since its inception. Let me briefly explain. In the first place, we started with a capital of $42,000 from C.M.A.—which was repaid to C.M.A. three years ago. It should have been $500,000. This needs no further explanation. Then, for nearly five years our country was engaged in a total war. Necessarily, we were forced to insure a large number of 4-F's and women who were obviously poor actuarial risks. And finally, with the sudden ending of the war, with the accompanying labor unrest, we lost beneficiary members almost as fast as we could acquire them. Now, however, things are leveling off and we expect a marked increase in membership during the coming year. We feel sure that C.P.S. is now financially and actuarially sound, and is ready to handle the expected increased business.

I should like to summarize the principal developments during the ten trustees' meetings which were held from May of 1945 to May of 1946.

As you know, the Housing Project Program, in which C.P.S. was providing medical and hospital care to occupants of these projects, was officially closed after three and one-half years on January 1, 1945. Letters from the Federal Public Housing Authority as well as the Chairman of Procurement and Assignment Service, have stated that the medical profession contributed greatly to the war effort in maintaining a high quality of medical care for war workers during this period.

During the early part of 1944 it was recognized that the rates being charged beneficiary members would never return to the doctor the full value of the fee schedule. It was also evident that C.P.S. must place in effect a rate increase to its beneficiary members. After considerable actuarial study by an independent actuary, the Board of Trustees, in November of 1944, voted a 33 per cent increase. Because of unavoidable delays arising from our relationship with the Blue Cross Plans, the rate increase did not start to become effective until March of 1945, and was not completed until March 1, 1946. During the previous 19 months, C.P.S. had been paying a unit value of $2.25, while actually earning much less. During this period we accumulated quite a sizeable deficit. You should realize that C.P.S. fee schedule is from 30 to 60 per cent higher than any other prepaid schedule in the United States.

In May, 1944, the Board of Trustees were instructed to procure a business man as administrative head. A committee of the Board of Trustees was appointed. After searching for one year, the committee decided that we had a man in our own organization that could fill the bill. In the summer, when W. M. Bowman took over, he was faced with many problems, and I am happy to say that the Board of Trustees of C.P.S. are most pleased at the manner in which he has handled the business and administrative affairs of C.P.S. He has more than fulfilled our expectations. We are being given up-to-date financial and actuarial data, as well as other monthly reports on C.P.S. operations. Mr. Bowman will give his business report to you gentlemen in a few moments, and I am sure he will cover many of the questions and problems of C.P.S.

During the past year, we have had several committees studying C.P.S. I should like to name a few of them. The Interim Health Committee of the State Assembly made a complete survey by an accredited actuary, Mr. Virgil Griffin. The Senate Health Committee is also making a study of C.P.S. The Advisory Planning Committee of the California Medical Association has also examined C.P.S. and its various departments. The Indemnity Study Committee of the C.M.A., which was appointed by the House of Delegates at its 1945 session, has made an exhaustive study of California Physicians' Service as well as other insurance plans. The National Physicians' Com-

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Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

mittee also sent out an actuary who spent several days in the C.P.S. offices. I have talked with a number of these men who have made these surveys, and they have been unable to tell me of anything that is seriously wrong with C.P.S. as a business organization.

I am glad to report to you that the relationship with our member physicians is steadily improving. Mr. Bowman will give you a report on the activity of our Professional Relations Department. I should like to mention that we are now able to furnish service in every county in the State.

Through the efforts of Dr. Madeley, Dr. Frank A. MacDonald, Councilor of the C.M.A. from Sacramento, Mr. Bowman and myself, Sacramento County now has 82 professional members. In Alameda County we have 398 professional members. I believe the general increase of professional members throughout the State is due partly to the development of the Veterans' Program, but chiefly because more physicians are convinced that C.P.S. is now being conducted in a business-like fashion.

Our most serious problem is the lack of a uniform hospital plan with which we can cover state-wide groups. There have been many attempts by the Hospital Associations to get together, but as yet they have failed to do so. It might be necessary for C.P.S. to write its own hospitalization state-wide.

Probably the most important event that has happened in California medicine occurred during February of this year. I speak of the Veterans' Program. California Physicians' Service signed a contract with the Veterans' Administration in Washington, D. C., for the care of veterans for service-connected disabilities in their own home communities by their own physicians. In negotiating the contract, our administration was able to secure the payment of the full C.P.S. fee schedule, which I think you gentlemen will admit is excellent, considering that we are dealing with a government agency. C.P.S. receives an additional 7 per cent for operating expenses.

I do not know whether any of you realize that when the Veterans' Program is in full swing, and the private physicians are rendering care to 1,350,000 California veterans, it will mean a diversion from government medicine to the private practice of medicine of from $10,000,000 to $18,000,000 per year or more. This would not have been possible had it not been for the existence of California Physicians' Service. I think the medical profession in California owe a debt of gratitude to the men who started C.P.S., and who watched it and guided it through its formative years. Men such as Dr. Wilbur, Morton Gibbons, Vince Askey, Sam Ayres, Alson Kilgore, Dewey Powell and Tom Kelly spent their time and their unstinting efforts to develop a constructive program for the profession.

Here are some interesting figures on the Veterans' Program. The total amount of claims during the first month will be over $57,000. In May we estimate that it will run approximately $100,000. To date, 90 per cent of the doctors' claims go through without question. Ten per cent are questioned, and of this, 6 per cent are refused. After six weeks of operation, the dollar claim load of the Veterans' Program is equivalent to adding 100,000 members to our Commercial Program. If we had not had an efficient business organization, C.P.S. could not have handled this tremendous load.

Some physicians have criticized us for using the Veterans' Program in order to force them to join C.P.S. This is untrue. C.P.S. was the only medically controlled plan in California that had the administrative setup to handle the Veterans' Program, and therefore the Veterans' Administration could recognize and contract with C.P.S. We have canceled the $5.00 professional membership fee.

There are many political issues of grave importance involved in this new program. They concern the ability of the medical profession to do a good job. Failure may nullify the place of organized medicine in meeting a national need which the Veterans' Administration has asked the medical profession to answer. There is the other problem, of competition with an expanding government bureaucracy to control the medical care of 10 per cent of the population of this nation. If benefits to families of veterans are eventually included—and the move is on for this through veterans' service organizations—then 50 per cent of the population could come under this program. We are now in an emotional and experimental infancy, but it may well become the pattern of medicine when and if the government is going to pay the bill.

On behalf of the Board of Trustees, we want you to know that each of us on the board realizes his responsibility to the profession. There has been considerable criticism of C.P.S. But, gentlemen, little does the average physician know of the complicated problems involved in the operation of a medical service plan. The trustees work closely with the administration, and are convinced that C.P.S. is being operated properly. With your help and the consideration of the profession, we believe that C.P.S. will be the outstanding medical service plan in the United States.

Thank you.

Business Report to the Administrative Members

W. M. Bowman, *Executive Director*

As you know, during the past year there have been certain changes made in the administrative staff of California Physicians' Service. The new administration took over in the summer of 1945. There was a reported deficit at that time of $111,300. We immediately employed new auditors and office managers, and during the next few months discovered an additional deficit of $167,844.21. This represented a total deficit of $279,144.21 by October, 1945.

This additional deficit came as a complete surprise to the trustees of C.P.S., the Council of the California Medical Association, as well as the new administration. This deficit was due to inadequate estimating and auditing systems, as well as to the delay in placing in effect a rate increase to our beneficiary members. We have completely revised our auditing and estimating systems, and our rate increase is now 100 per cent in effect.

Now, to bring you up to date on our financial position. To repeat, our total deficit was $279,144.21 in October, 1945. On May 1st of 1946, this had been reduced to $137,912.66, a total reduction of $141,231.55 in six months. In other words, during the last six months we have reduced the deficit $23,540 per month.

I should like to point out to you at this time that Michigan Medical Service, in 1942, was $704,000 in the red, and for the same reasons that C.P.S. is. Michigan Medical Service put in effect a rate increase of approximately 15 per cent, and came completely out of the red in 30 months. I think it might surprise you to know that the Blue Cross Hospital Plans throughout the United States have also had very poor financial experience during the past two years. C.P.S.'s rate increase averaged 33 per cent. I am happy to say that C.P.S. will be out of the red within the next few months. I also want to assure you that our new auditing systems and other procedures will not allow for another deficit such as we have had in the past.

Our total membership in our Commercial Plan is 208,192 persons—a net growth of some 81,350 persons during the past year. We are signing new members at the rate of 12,000 to 18,000 per month, and will soon have a quarter of a million persons enrolled. Our monthly income, as well as the membership, has almost doubled

during the past year. It is to be remembered that during four years of its seven-year existence, C.P.S. has been through an abnormal period caused by the war. You can readily realize that the floating population California has had during this period, and the problems they brought with them, certainly have reflected themselves in all phases of business as well as C.P.S.'s operations.

Our total monthly income from our Commercial Program along at this time is $287,000 per month, or $3,444,000 per year. When we include the income from the Veterans' Program, our yearly income is $4,128,000. You can see by the figures I have given you that C.P.S. today is a good sized business organization.

Some of you may have heard criticism of the high administrative cost of C.P.S. as compared to other plans. We can furnish examples of Blue Cross Hospital Plans, as well as Medical Service Plans and insurance companies, where the administrative cost runs from 18 per cent to as high as 30 per cent. C.P.S.'s administrative cost, figured in the same manner as insurance companies and the Blue Cross Plans, has averaged 15.5 per cent from May, 1945, to April, 1946—a reduction of 4.5 per cent over our previous year's operations.

The Farm Security Administration Program has been a project which provided care to some 3,000 low-income farm families. Members of this program are being transferred to our regular Commercial Plan. It is the objective of the trustees and the administration of C.P.S. to have all members under one coverage—namely, our Commercial Plan. This will greatly simplify procedures for you and for C.P.S., as well.

C.P.S. has two main offices and 12 district offices. We have 130 full-time employees, and 70 employees who are employed jointly with the Blue Cross Plan here in Southern California. All employees are bonded. We are completely equipped with I.B.M. machines for statistical as well as accounting records. It is safe to say that C.P.S. has more actuarial data on prepaid medical care than any other plan in the United States, as evidenced by the numerous surveys mentioned by Dr. Cooley.

You may be interested in our various departments.

The Sales Department contacts the various employers in California and explains our program to them. It is interesting to note that approximately 30 per cent of the employers are now contributing to the monthly dues of their employees. We have over 4,000 groups in the State.

Our Service Department takes on after the sale and enrollment has taken place, and reopens the group to new employees who have been hired after the original enrollment. The main purpose of the Service Department is to maintain a high percentage of the employees of any group enrolled.

The auditing firm of Lester, Herrick and Herrick, of San Francisco, are the Certified Public Accountants who audit our books annually, as well as spot-check and assist us in inaugurating new systems. We employ two highly competent auditors, two office managers and their assistants. It is their responsibility to work out all office and detail procedures in C.P.S.

The Department of Professional and Public Relations was formed about a year ago, with the idea of better informing the physicians, nurses and secretaries on C.P.S. and its procedures. There are 10 persons in this department—6 in the South and 4 in the North. They have personally contacted over 4,300 physicians, their nurses or secretaries. In their contacts they leave a brochure which completely outlines C.P.S.'s procedures. This department has proven very successful. There are now over 6,500 physicians who are members of C.P.S. Over 1,028 new physicians have become member physicians during the last year. We are planning to send each month to the member physicians a news letter which will keep you fully informed on C.P.S. In the exhibits, there is a C.P.S. booth. We should be very pleased to have you stop and see our exhibits, and ask any questions that you might have in mind.

The men in the Professional and Public Relations Department also serve as public relations men, and have given over 460 talks before service clubs and other civic organizations, explaining to these groups the value of voluntary health coverage as compared to compulsory medical care. They have also appeared, by invitation, at numerous County Medical Society meetings.

Our San Francisco and Los Angeles Medical Departments are under the supervision of full-time doctors of medicine. With our increased membership and the Veterans' Medical Care Program, this department is becoming more and more important to the profession who are C.P.S. members. We believe that doctors of medicine should determine and pass on complicated and involved medical cases, and not laymen.

In the fall of 1945, the California State Grange became interested in a coverage for their members and their dependents. We have offered them, and a contract has been signed to provide them with, our regular surgical and hospital plan. As we gain experience on this large farm group, perhaps medical coverage can be added. This is the first time in the history of California that the medical profession and a group of farm people, as represented by the California State Grange, have joined in a mutual fight against compulsory medical care.

The Board of Trustees have been most coöperative, and have always assisted the administration in every possible way. The Board of Trustees and the Council of the California Medical Association are being given up-to-date financial and actuarial information, as well as other reports pertinent to the operations of California Physicians' Service.

In closing, I should like to assure you, Mr. President and Administrative Members of California Physicians' Service, that C.P.S. is coming along in good shape. Many constructive changes have been made in C.P.S., and more are to follow. I can assure you that C.P.S. is now on a sound financial and business basis, and the support that we need most for a more successful C.P.S. is that of a unified profession.

Thank you.

Compulsion Isn't the Way

More than a year ago the Governor of New York state directed the New York Commission on Medical Care to devise a plan to make medical care more available to all classes of people in the State of New York. It became apparent to the commission that the "insurance or payment principle was the one which could best attain this objective"—in other words, compulsory health insurance. But after fifteen months of study, the commission rejected the idea. Three important reasons for the commission's rejections were: (1) the estimated cost of such a program—between $400,000,000 and $600,000,000—was considered excessive, requiring a minimum per capita tax of $45; (2) the people of New York could be expected to regard as an unnecessary bureaucracy the machinery required to run the program; (3) the majority of the commission believed that a public health program might lead to a deterioration in medical service."

Broad, compulsory measures are not the answer to the nation's health needs. Some way must be found to reach the goal of all-inclusive, high-grade medical care without saddling the people with a hopeless maze of bureau-infested red tape and exorbitant social security taxes. The medical profession is working steadily toward that goal by the development of a nationwide voluntary health system.—Editorial in Westwood *Sugar Pine*.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

American Medical Association. The next annual session of the American Medical Association will be held in San Francisco, July 1-5, 1946. (Monday-Friday, inclusive.)

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of these of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick or proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical service and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

(Ed. Note.— Interpretative comments on principles included in the A.M.A. platform appear in CALIFORNIA AND WESTERN MEDICINE for December, 1939, on pages 394-395. For subsequent comment, see *J.A.M.A.*, June 24, 1944, pp. 574-576. Also, August, 1945, CALIFORNIA AND WESTERN MEDICINE, pp. 61-62.) On p. 61 (C.M.A.) and p. 62 (A.M.A.)

Medical Broadcasts*

C.M.A. Radio Program Announcements:

Packets of cards announcing "California Caravan," new radio program of the California Medical Association, have been sent to members with a request from Sam J. McClendon, Association president, that each member enclose cards in bills to patients this month and next.

The program, part of the C.M.A. campaign to inform the public of the benefits of voluntary health insurance as opposed to compulsory state medicine, will be aired each Saturday night at 9:15 by 17 California stations in the Mutual Don Lee Network.

Los Angeles County Medical Association:

In June, KFAC will present broadcasts on Saturdays at 10:15 a.m.; June 1, 8, 15, 22, and 29.

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week. In CALIFORNIA AND WESTERN MEDICINE, some rosters appear in every second or third issue.

* County societies giving medical broadcasts are requested to send information as soon as arranged.

Pharmacological Items of Potential Interest to Clinicians*:

1. *American Chemical Society* meeting in Atlantic City April 8-12 offered medicinal chemistry program rivaling that of Federation of American Societies for Experimental Biology held month previously: symposia included nutritive value of protein hydrolyzates, microbiology, anti-malarials, clinical biochemistry, enzymes, metabolism of acetic acid, vitamins, premedical education, pharmacological agents, and biochemical and biophysical studies on viruses. But commercially inspired official hush on penicillin continues.

2. *Therapeutic Notes:* W. W. Zuelzer and F. N. Ogden find 5 mgm. folic acid daily by mouth specific for megaloblastic macrocytic anemia (*Proc. Soc. Exp. Biol. Med.*, 61:176, 1946). D. State and O. H. Wangensteen recommend procaine intravenously, 1 Gm. in 500 cc. physiological saline solution, in treatment of delayed serum sickness (*J.A.M.A.*, 130:990, April 13, 1946). E. A. Brown & Co. recommend 2 per cent carbamide peroxide in 50 per cent glycerol and water as safe and effective topical antiseptic (*New Eng. J. Med.*, 234:468, April 4, 1946). B. L. Coley & Co. review bacterial toxin therapy of malignancy (*Cancer Res.*, 6:205, 1946).

3. *Of Cultural Interest:* McGraw-Hill, 330 W. 42nd, N. Y. 18, announces *Science Illustrated*, large sized jazz science monthly at $3 annually. Froben Press, 4 St. Luke's Place, N. Y. 14, offers W. Marmelszadt's *Musical Sons of Aesculapius*, illustrated at $3. J. B. Lippincott, Philadelphia 5, issues D. Guthrie's *History of Medicine*, 448 pp., illus. at $6. A. A. Knopf publishes A. Castiglioni's *Adventures of the Mind*, 448 pp., illus. at $4.50. MacMillan, 60 5th Ave., N. Y., issues A. S. Eve's *Rutherford*, a significant biography, 451 pp. at $5. A. Kardiner's *Psychological Frontiers of Society* appears from Columbia University Press, N. Y., with 475 pp. at $5.

4. *Enzymes and Growth:* D. Grob well discusses control of activity of proteolytic enzymes (*J. Gen. Physiol.*, 29:219, 249, 1946). W. Shive & Co. study competitive analogue-metabolite growth inhibitions, and suggest product inhibition index as molar ratio of analogue to metabolite at which rate of synthesis of product is reduced enough to prevent growth of organism in medium free of product (*J. Biol. Chem.*, 162:451, 463, 1946). F. Schlenk & Co. note inactivation of glutamic-aspartic transaminase by sunlight and ultraviolet, not x-ray (*Proc. Soc. Exp. Biol. Med.*, 61:183, 1946). Our C. E. Lankford and P. K. Skaggs report cocarboxylase as a growth factor for gonococci (*Arch. Biochem.*, 9:265, 1946). P. R. Cannon & Co. demonstrate importance of protein reserves for antibody production (*J. Immunol.*, 52:267, 1946).

5. *Symposia and Reviews:* W. B. Dublin neatly reviews knowledge of reticulum (*Arch. Path.*, 41:299, 1946). L. J. A. Parr and E. Shipton offer full review of rheumatic spondylitis (*Med. J. Austral.*, 1:277, March 2, 1946). Note excelletn symposium on radiobiology (*Brit. Med. Bull.*, 4:1-65, 1946). E. M. Hildebrand introduces general symposium on weed destruction, important in pollen and allergy control (*Science*, 103:465, 469, 472, etc., April 19, 1946).

* These items submitted by Dr. Chauncey D. Leake, formerly director of the University of California Pharmacologic Laboratory, now dean of the University of Texas Medical School, Galveston, Texas.

6. *Otherwise:* H. H. Anderson & Co. report physical and biological properties of subtilin (*Science,* 103:419, April 5, 1946). T. F. Gallagher & Co., E. C. Kendall & Co., E. S. Wallis & Co., go to work on synthetic steroids (*J. Biol. Chem.,* 162:491, 555, 633, 1946). D. E. Abreu & Co., offer neat biochemorphic study of thiophene analogues of trasentin (*J. Pharmacol.,* 86:208, 1946). R. H. Goetz (Cape Town) describes rate and control of blood flow through skin of lower legs (*Amer. Heart J.,* 31:146, 1946). H. S. Simms shows log increase in mortality as manifestation of aging (*J. Gerontol.,* 1:13, 1946). J. Furth finds thymectomy reduces incidence of leukemia in high leukemia strain mice, probably by removing potentially malignant cells (*Ibid.,* p. 46). J. E. Ayre and W. A. G. Bauld report low thiamine with high estrogen is dangerous precancerous combination (*Science,* 103:441, April 12, 1946). E. R. Loew & Co. give pharmacological data on benadryl (*J. Pharmacol.,* 86:229, 1946). Our C. N. Frazier and E. H. Frieden discuss action of penicillin (*J.A.M.A.,* 130: 677, March 16, 1946). H. K. Faber and R. J. Silverberg find pharynx favorable site for primary penetration of polio virus and primary lesion in peripheral ganglia (*J. Exp. Med.,* 83:329, 1946). E. C. Dodds discusses ancient apolthecaries and modern biochemists (*Lancet,* 1:221, Feb. 16, 1946). D. Guthrie offers *A History of Medicine* (Lippincott, Philadelphia, 448 pp., 1946, $6). A Castiglioni offers *Adventures of the Mind* (Knopf, N. Y., 428 pp., 1946, $4.50).

Leprosy in San Francisco.—Nineteen local cases of leprosy have been reported in San Francisco in the past 16 years, according to Dr. J. C. Geiger, director of public health for that city.

A table showing by years the number of cases reported in the period 1930-45 follows:

1930	4	1937	3
1933	2	1938	2
1934	1	1932	1
1935	2	1943	1
1936	1	1944	1
	1945	1	

From the data shown in reporting, the following segregations have been made:

Sex: 17 male; 2 female.

Race: 12 white; 7 Chinese.

Onset: The time interval from onset date to date of reporting varied. The shortest interval was three months, the longest 12 years. Three cases did not show date of onset.

Prizes for Students' Theses.—"The Rôle of Hormones in Sterility" is the subject for theses offered in competition for the Schering Award of 1946 in a thousand dollar prize contest open to undergraduate medical students.

For the best thesis submitted, an award of five hundred dollars will be given, and for the second and third best papers the awards will be three hundred and two hundred dollars, respectively.

Sponsored by Schering Corporation of Bloomfield, New Jersey, the award contests are held annually to encourage medical students to acquire further knowledge of various fields of endocrinology.

Three judges, each prominent in endocrinology, will make this year's selections.

Dengue Fever Vaccine.—An effective vaccine has been obtained against dengue fever, it was announced recently by the Commission on Neurotropic Virus Diseases of the Army Epidemiological Board.

This malady, which occurs in epidemics and sometimes pandemics through the warmer portions of the temperate zone, is due to a filterable virus. It is characterized by an intermittent fever, rash on the skin, and often excruciating pains in the joints.

The virus first was isolated in Hawaii by Army doctors and brought to the United States where it has undergone 32 consecutive passages through the brains of mice. In the course of these passages it underwent a curious mutation, whereby it has lost its capacity to produce in men the severe illness and protracted fever characteristic of the original disease. It has retained, however, its ability to produce the measles-like rash and it gives subsequent immunity to the unmodified dengue virus. The immunizing dose is very small. The extract from the brain of a single mouse has been found to contain at least 10,000 such doses. The new vaccine is prepared from this modified virus.

There remains the possibility that there may be several strains of the dengue virus—as is known to be the case for several other viruses, such as that which causes influenza. However, two additional virus samples brought from India have been found immunologically identical with the original Hawaiian strain. Repeated attempts have been made to isolate still another strain by inoculating volunteer human subjects with sera obtained in the Philippines and Okinawa during apparent dengue outbreaks. These have been unsuccessful.

It also has been found possible to propagate in chick embryos the dengue virus after about 18 passages through mouse brains.

Two strains of alleged dengue virus obtained from Japan have been found quite different from the Hawaiian and Indian strains—different, in fact, from any other known virus.

Salvaged Red Blood Corpuscles Used.—Salvage of red blood cells now largely discarded in the preparation of plasma was suggested today by Dr. Max Strumia of Bryn Mawr Hospital as a means of producing a blood fraction capable of treating certain human ailments.

Strumia told the American College of Physicians at its twenty-seventh meeting that he and a group of researchers in his hospital have developed a method of producing from discarded red cells a blood protein called "globin."

Explaining that the substance has been used successfully in the treatment of wound shock and in the relief of a condition wherein excessive fluid is left in the body during cases of kidney disease, malnutrition and cirrhosis of the liver, Strumia declared that the substance cannot be prepared economically by the average laboratory and at present is available only experimentally.

He added: But it is hoped that it will be available for general distribution in the near future.—Sacramento *Bee,* May 14.

New Residents for Palo Alto Hospital.—The first of three resident doctors assigned to the Palo Alto Hospital through arrangement with the Stanford Medical School is taking up his duties following his release from Navy duty, it was announced today.

He is Dr. William Clinite, Stanford graduate, whose special field is surgery. A specialist in medicine will be added to the resident staff next Monday and a third man, a gynecologist and obstetrician, will come in the near future.

The presence of the resident doctors at the hospital, it is pointed out, eliminates delay in securing emergency treatment and relieves other physicians of the community from emergency duty except where their services are requested by the patients.

The resident personnel will be rotated every three

months with the San Francisco City and County Hospital-Stanford Service, and Stanford-Lane Hospital.

Dr. Clinite was graduated from Stanford Medical School in 1939, interned in the San Francisco City and County Hospital, and spent two and a half years at the county hospital in Tulare before entering the Navy in 1942.

During his 35 months of sea duty he handled general Navy practice and battle casualties. At the time of his release from active duty he was a lieutenant commander.—Palo Alto *Times*, April 11.

Radium Society Meeting Changed.—Dates previously announced for the annual meeting of the American Radium Society are incorrect. The meeting will be held in the Assembly Hall in the San Francisco Health Center on June 29 and 30, Saturday and Sunday.

Sacramento Health Officer Recommendation.—A group of Sacramento physicians are urging the hiring of Dr. Albert F. Zipf as the full-time health officer of both Sacramento City and Sacramento County.

The local doctors are suggesting to city councilmen and City Manager Sherwin that Dr. Zipf, new county health officer and acting city health officer, be given the full-time city post, and that a contract be made with county supervisors so that he can act as county health officer.

This would reverse the present contract between supervisors and the council whereby Dr. Zipf has been temporary city health officer on a six months basis, which will expire June 30.—Sacramento *Union*, April 26.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Vaccination Centers Care For 150,000

City Using Latest Type Technique to Combat Smallpox

Emergency hospitals, clinics, health centers and doctors' offices continued to be crowded today with persons seeking smallpox vaccinations, as Health Director J. C. Geiger estimated that some 150,000 San Franciscans have been inoculated this week.

All naval personnel stationed in San Francisco, and within a 50-mile radius was ordered vaccinated. The order applied to naval personnel entering or leaving San Francisco, and included a recommendation that their dependents, as well, take the precautionary measure.

The 12th Naval District order explained that the eight local smallpox cases which have precipitated the immunization campaign were an Oriental type of the disease against which ordinary smallpox vaccine, given all naval personnel when they enter the service, is no protection.

New Vaccine Used

For this reason, a new type of vaccine is being used to fight the smallpox, believed introduced from overseas.

Dr. Geiger said the city emergency hospitals and clinics are using the same type vaccine as the Navy—"the latest type, which will protect against most cases."

The five emergency hospitals have each vaccinated some 1,500 persons a day this week, Dr. Geiger estimated.

"We are using every available force to meet the demand for vaccinations—doctors, nurses, stewards," Dr. Geiger declared. "Every medical facility is in use.

"San Francisco is going to be the best protected city against smallpox that the world has ever seen."

Dr. Geiger said he expected the demand for vaccinations to slack up next week, due to the great numbers of people who are now protected. He found the most "startling" aspect of the campaign to be the large numbers of people who had never had any smallpox vaccinations.

Army public relations officers said they had received no word of a vaccination order similar to the Navy's.—San Francisco *News*, March 23.

Navy Hampering Control of Vice in San Francisco, Dullea Charges

Lack of Navy coöperation in vice investigations hampers police control of prostitution, Police Chief Dullea charged yesterday at Fresno at a conference of the Statewide Committee on Law Enforcement.

He elaborated upon this charge on his return to San Francisco.

Street walkers and women operating out of "both dives and swank cocktail lounges" confine solicitation primarily to Navy personnel and avoid civilian and Army men because they fear arrest, the chief said.

Regarding reports that 485 new cases of venereal disease were listed in San Francisco during March, Dullea stated:

"A breakdown will show many of them are Navy personnel, and yet the Navy has done the lousiest job in vice control ever done in this State and has refused to assign Navy personnel to vice investigation as the Army has done."

A statement in reply was issued by the Twelfth Naval District information office, declaring "no official reports have been received on this charge."

"This Naval District has and will continue to coöperate 100 per cent to the extent of its legal authority in all matters affecting communities in which Navy and Marine Corps personnel reside."

Venereal disease is not an offense in the Navy unless infected personnel have failed to report to a prophylaxis station and have concealed the infection.

Dullea asserted the Army furnishes undercover vice investigators and that Army men testify against venereal sources, whereas Navy personnel are not obliged to do so.

He also protested Department of Health policies which, he said, permit an infected woman to be treated as a sick person, not a subject for jail imprisonment.

"We think infected prostitutes should be jailed as offenders and sentenced to serve long enough to assure no spread of infection," he added.

The committee, of which Dullea is chairman, urged a conference with State Health Department officials to seek added coöperation in combating venereal disease, principally on exchange of information on sources of contact.

Continuation of a general wartime suppression of houses of prostitution also was advocated.

Dr. J. C. Geiger, city health director, reported:

"I do not know of a single instance in which the Navy failed to coöperate in curbing venereal disease. They have coöperated in providing sources of infection every time we have asked."

He said he could not agree to imprisonment for venereal disease cases solely on that count, but "prostitution is something else again; that is the job of the police, and punishment is up to the courts.

"There has been every kind of coöperation in trying to curb venereal disease and still the rate goes up. I doubt if any police chief can solve the problem; Moses couldn't," he added.—San Francisco *Chronicle*, April 12.

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.
San Francisco

Privileged Communications Between Physician and Patient in California

Part III

(Continued from last issue)

Criminal actions proper. The general rule in California is that the physician-patient privileged communication rule is limited to civil actions and cannot be invoked in criminal cases. The statutory basis for this rule is found in Subdivision 4, Section 1881 of the *Code of Civil Procedure*, where it is stated that a "licensed physician or surgeon cannot, without the consent of his patient, be examined in a *civil action* . . ." There is no such statutory provision with respect to *criminal* actions. The basis and purpose of the privilege is to protect a patient from humiliation and annoyance which might follow a dis-

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

closure of his bodily ailments, but not to shield a person charged with crime. Thus, in *People vs. Lane* (1894), 101 Cal. 513, where, after a defendant was charged with murder, the doctor who had treated the defendant was called and examined by the prosecution. It was held that the doctor's testimony was admissible, the Court saying that "the rule as to privileged communications between a physician and patient does not apply in criminal cases. The privilege was not conferred to shield a person charged with the murder of another, or to be used as a weapon against one charged with crime." Again in *People vs. West* (1895) 106 Cal. 89, the California Supreme Court stated that the rule as to privileged communications between patient and physician is limited to civil actions and does not apply in criminal cases. Therefore, both from the standpoint of statutory and case law, it can be concluded that in a criminal action proper, a physician cannot refuse to disclose information which was necessary to enable him to prescribe or act for the person on trial for a crime.

Criminal preliminary hearings, investigations and grand jury inquiries. Whether or not the rule that a physician in a criminal action must disclose all communications between himself and a patient extends to a situation involving a criminal investigation, preliminary hearing or a proceeding before a grand jury inquiring into suspected criminal acts, is unsettled in California. A search reveals no California case in which a question of the applicability of the physician and patient privilege to the enumerated proceedings has been directly passed upon. However, a California Appellate Court decision casting some light on this situation is *People vs. Dutton* (1944) 62 Cal. App. 2nd 862, wherein it was held that the statutory rule prohibiting a physician from disclosing communications made to him by his patient did not extend to a phychiatrist employed as a member of the police forces to interview persons arrested on sex charges. The California Court stated "the claim of privilege as between physician and patient is limited to civil cases and is not cognizable in a *criminal proceeding.*" The use of the words "criminal proceeding" by the California Court in the Dutton case should not by any means be interpreted as holding that a criminal investigation, preliminary hearing or a grand jury inquiry are all "criminal proceedings" and therefore within the rule that a physician may disclose confidential communications in a criminal action. It is suggested that the California Appellate Court in using the words "criminal proceeding" had in mind only a criminal action, or criminal trial proper and did not intend to extend its decision to encompass criminal preliminary hearings, investigations or grand jury inquiries. Clearly a decision going to that extent might possibly expose the physician to liability for disclosing confidential communications. For not all of the above mentioned proceedings always ultimately result in a criminal action proper and therefore if the physician gave evidence in a criminal preliminary hearing, investigation or grand jury inquiry and no criminal charges were actually instituted against a defendant, the physician conceivably could be held liable by a patient for an unauthorized disclosure of privileged communications. Of course, if the physician could obtain a written consent to divulge the communications from the patient, this would provide adequate protection from any future actions by the patient. It would appear that the only safe practice for a physician is to refuse to give evidence concerning confidential communications between himself and his patient except in a criminal action proper unless the patient gives his written consent.

Conclusion. In conclusion and to summarize, it can be stated that in California a physician cannot, without the consent of his patient, be examined in a civil action as to any information acquired in attending the patient which was necessary to enable him to prescribe or act for the patient unless the facts of his situation actually bring him within one of the following six classifications: (1) Where a patient sues for damages for personal injuries, any physician who "prescribed for or treated" him may testify; (2) Where a patient is dead, and the executor or administrator, surviving spouse or children sues for wrongful death, the physician may testify; (3) Where the patient is dead and his will is contested; (4) Where the patient is dead and an action is brought involving the validity of any instrument transferring real or personal property claimed to have been executed by him in which case the physician may testify as to mental condition and disclose any such information and; (5) Where, under the Workmen's Compensation Act, the physician makes or is present at any examination of the injured employee; (6) Where the physician is called to testify in a criminal trial proper.

To conclude this article, it may be noted in passing that the law of England on the subject of physician and patient privileged communications consistently through hundreds of years, in direct contrast to the laws of California, has been that "medical men are bound to reveal confidential communications made to them in their professional character as such." *Rex vs. Gibbons* (1872) 1 Car. and P. 97.

(The End.)

National Mental Health Bill

A measure has been introduced into the Senate and House of Representatives at Washington which provides, within the framework of the United States Public Health Service, a national psychiatric institute for research into the prevention, cause, diagnosis and treatment of psychiatric disorders; for the training of qualified personnel throughout the country; and for financial assistance to states, counties and localities which will enable them to initiate adequate preventive mental health facilities.

State health authorities are to present plans for approval of the Surgeon General and to administer state mental health programs in all states where no designated state mental health authority exists.

The problem of the returning veteran suddenly has thrown into bold relief the inadequacy of the nation's mental health facilities. This inadequacy is not the result of the warborne increase in psychiatric disorders alone. For years the campaign for mental health has struggled against immense odds—the geographical isolation of mental hospitals, the slow conversion of asylums into hospitals maintaining advanced modern medicine, the social stigma attached to mental deficiencies or even to minor emotional disturbances, the unwillingness of people to accept mental health as a concomitant of physical health, laws affecting the mentally ill based on criminal procedure, the indifference of medical schools to training psychiatrists, and the poor financial support limiting research and the training of personnel.

Mental health authorities see as the solution to this problem an over-all national mental health program, sponsored by the Federal Government but calling on the best private abilities in the country and abroad.

Such a program is aimed at in Senate bill 1160 the House of Representatives bill 4512. In the House, the bill has been reported favorably by the committee to which it was referred. Hearings will soon be held by a committee of the Senate.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIX, No. 6, June, 1921

EXCERPTS FROM EDITORIAL NOTES

The Semi-Centennial of the State Society.—The fiftieth annual session of the Medical Society of the State of California, held in San Diego on May 10-12, was notable in many respects. . . .

The House of Delegates decided to extend the time of the annual session to four days, and the next meeting in May, 1922, was set for the Yosemite. With better than one in five of the membership in attendance this year, at San Diego, and with a growing recognition on the part of everyone of the value and pleasure of these conventions, a record-breaking attendance can be confidently predicted for next year. . . .

League Luncheon at Coronado.—The San Diego Union of May 12, in a lengthy article, describes the League Luncheon as the outstanding feature of the Fiftieth Annual Convention of the State Medical Society. "More than one thousand medical men and their wives packed the dining room of the Hotel Del Coronado at the meeting of the League for the Conservation of Public Health, and noted speakers vigorously attacked 'quackery' in all its forms, and urged continuous progressive effort on the part of the medical profession to protect the sick and infirm from imposition by incompetent pretentious cultists."

Dr. Smith reviewed the successful work of the League against Social Health Insurance in the 1918 campaign, the legislative battles of 1919, the State-wide campaign of 1920, and the recent contests at Sacramento, during which the League decisively defeated the formidable forces arrayed against modern medicine. As Dr. Smith's address will be published in an early issue of the Journal, further comment is unnecessary at this time. . . .

Commercial Vitamin Preparations.—It seems necessary to call attention to the considerable number of commercial preparations of vitamins now (in this year 1921) being advertised, and with reference to which doctors are being extensively circularized. Vitamins are necessary articles of diet. Deprivation of vitamins leads to disturbed physiology and, if continued, to definite disease. At least three types of vitamins are recognized and few, if any, single preparations or foods contain all of them. But we must not forget that vitamins are unstable, illy-defined chemical substances of still doubtful nature and properties, and that their isolation is attended with difficulty, and their standardization is thus far unsatisfactory, to say the least. Moreover, under ordinary conditions an abundant supply of vitamins is secured from a usual dietary, and no specific addition is necessary. Apply all of these facts to the widely-advertised preparations now being exploited, and then see if you are helping the cause of science or the interests of your patient by prescribing indiscriminately substances which are lauded by commercial interests. . . .

EXCERPTS FROM ORIGINAL AND OTHER ARTICLES

From an Article on "Medical Aspects of Visceroptosis," by George E. Ebright, M.D., San Francisco.—Viscerop-

(Continued in Front Advertising Section, on Page 24)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By F. N. Scatena, M.D.
Secretary-Treasurer

Board Proceedings

A regular meeting of the Board of Medical Examiners will be held at the Native Sons Hall, 414 Mason Street, San Francisco, from June 10th to 13th, 1946.

At this meeting, hearings will be held, petitions for modification of terms of probation will be considered, as well as petitions for restoration of revoked certificates.

Written examinations for all classes of candidates licensed by the Board of Medical Examiners will be held starting Tuesday, June 11th, and continuing through Thursday, June 13th.

Pending in the Superior Court in San Francisco, are the applications of three doctors for writs of mandate to compel the State Board of Medical Examiners to issue licenses permitting them to practice in California. The three doctors are graduates of the Chicago Medical School, said school not being on the list of those approved by the Board of Medical Examiners of the State of California as qualifying their graduates for licensure in this state.

Recently the Board of Medical Examiners has had an increase in the number of applications being filed by graduates of schools not approved by the Board. Many of the applicants have served with satisfaction in one of the branches of the Armed Forces. It is to be noted that the Armed Forces have made no distinction regarding the school of graduation in accepting Medical Officers in the Armed Forces, and that there are graduates of schools not approved by the American Medical Association that have been accepted. The Board of Medical Examiners has considered these applicants, but can find no reason to accept them as the California Law definitely states that all applicants must be graduates of a school approved by the Board. Incidently, it should also be noted that hospitals in California training internes should not accept graduates from schools not approved by the California Board of Medical Examiners. (See Section 2147.5 of the Business and Professions Code.)

News

"High Court Reverses Ruling On Doctor—The Fourth District Court of Appeals late yesterday set aside a writ of mandate ordering the State Board of Medical Examiners to dismiss license revocation proceedings against Dr. G. Carl H. McPheeters, Fresno physician and surgeon, and granted the State's motion for a change of venue for further hearing to the Sacramento County Superior Court. . . . The decision reversed the judgment of Superior Judge Dan F. Conway who September 8th issued a writ of mandate which directed the State Board to dismiss the proceedings against the Fresno doctor for asserted lack of prosecution. . . . While oral arguments were heard on the State's motion for a change of venue and Dr. McPheeter's petition for a writ and written briefs later submitted to Judge Conway, the upper court found there is no record to indicate any default was taken or that evidence was taken in support of allegations to the petition. . . . The action of the appellate court places Dr.

(Continued in Back Advertising Section, on Page 40)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the Secretary of the Board.


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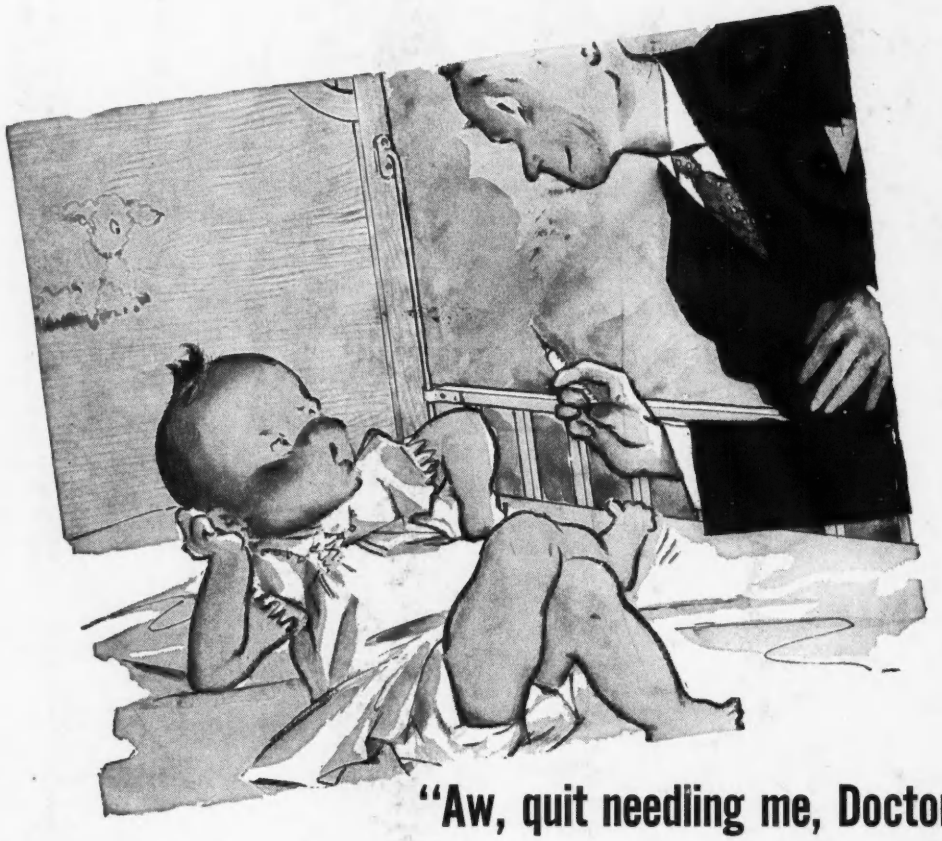

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